# George Newton Goodin (1882-1962) Railroad Retirement Board file from the National Archives at Atlanta

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Pages that were blank or only had a receipt timestamp were generally skipped. No post-scanning processing was performed except to combine the file in (hopefully!) the order they were scanned. I scanned the top sheet of the right side of the folder first. Since the sheets in the folder are generally “most recent on top”, the scanned pages are not in chronological order - more likely the reverse!

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Mrs. Ethel Goodin
~~2500 Willow St., Apt. 801~~
~~No. Little Rock, Arkansas~~ 72114

NOTICE OF DEATH

Dear Sir,

My mother, Ethel Goodin, died on 17 October 1984, as indicated in the enclosed death certificate.

Her claim number with you is WA 54 6774. I have notified the Credit Union where her monthly checks were sent to return the November 1st check to you.

If there is anything else I should do, let me know.

Sincerely,
George Goodin
Rt 4, Box 287A
Carbondale, IL

STATE FILE NUMBER

TH

le | 3. DATE OF DEATH (MONTH, DAY, YEAR) October 17, 1984

E OF BIRTH (MO., DAY, YEAR) May 3, 1895 | 7a. COUNTY OF DEATH Jackson

ER. GIVE STREET | IF HOSP. OR INST., INDICATE DOA OP, EMER, RM, INPATIENT (SPECIFY) 7d. ---

ME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) ---

S DECEASED EVER IN ARMED FORCES? (YES/NO) c. no | WAR OR DATES OF SERVICE 13d. ---

UNTY d. Jackson | STATE 14e. Illinois

FIRST MIDDLE LAST
Le Anna Norris

(STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
rbondale, IL 62901

D), AND (C)] | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

years

RT I (a) | AUTOPSY (YES/NO) 19a. no | IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

CCURRED (ENTER NATURE OF INJURY MENTIONED II, ITEM 18)

T. NO., | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS YES ☐ NO 20h.

NCED DEAD ON DAY YEAR 984 | AT 21c. 11:30 P. M.

DATE SIGNED (MONTH, DAY, YEAR) 22b. October 18, 1984

DATE SIGNED (MONTH, DAY, YEAR) 23b. October 18, 1984

STATE sas | DATE (MONTH, DAY, YEAR) 24d. Oct. 20, 1984

STATE ZIP
01

FUNERAL DIRECTOR'S SIGNATURE 25b. William D. Heffernan | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 5772

LOCAL REGISTRAR'S SIGNATURE 26a. T. J. Lieberman Jr. | DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. October 18, 1984

VR202 (Rev. 11/82) Illinois Department of Public Health -- Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

*I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.*

*TE* November 1, 1984 *SIGNED* T. J. Lieberman Jr.

Murphysboro, *Illinois* *OFFICIAL TITLE* Local Registrar

*nal record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the n of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts f the facts therein stated.*

-68) OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

TEMPORARY CERTIFICATE

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 39.0

REGISTERED NUMBER 427-84

STATE OF ILLINOIS

STATE FILE NUMBER

# CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

**DECEASED**

1. DECEASED — NAME: FIRST Ethel; MIDDLE Maude; LAST Goodin
2. SEX: female
3. DATE OF DEATH (MONTH, DAY, YEAR): October 17, 1984
4a. RACE — WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): white
4b. ORIGIN OR DESCENT: American
5a. AGE — LAST BIRTHDAY (YRS): 89
5b. UNDER 1 YEAR — MOS. / DAYS:
5c. UNDER 1 DAY — HOURS / MIN.:
6. DATE OF BIRTH (MO., DAY, YEAR): May 3, 1895
7a. COUNTY OF DEATH: Jackson
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Pomona Twp.
7c. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): R.R. 4; Carbondale, IL
7d. IF HOSP. OR INST., INDICATE DOA, OP, EMER, RM, INPATIENT (SPECIFY): - - -
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Georgia
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): - - -
12. SOCIAL SECURITY NUMBER: 438 37 7487
13a. USUAL OCCUPATION: Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Own home
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): no
13d. WAR OR DATES OF SERVICE: - - -
14a. RESIDENCE STREET AND NUMBER: R.R. 4 Carbondale
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Pomona Twp.
14c. INSIDE CITY (YES/NO): no
14d. COUNTY: Jackson
14e. STATE: Illinois

**PARENTS**

15. FATHER — NAME FIRST MIDDLE LAST: Newton L. Allen
16. MOTHER — MAIDEN NAME FIRST MIDDLE LAST: Le Anna Norris

17a. INFORMANT'S NAME (TYPE OR PRINT): George Goodin
17b. RELATIONSHIP: son
17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): R.R. 4; Carbondale, IL 62901

**CAUSE**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I. IMMEDIATE CAUSE

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

1. (a) Cardiac arrest
2. DUE TO, OR AS A CONSEQUENCE OF
3. (b) Arteriosclerotic Heart Disease — years
- DUE TO, OR AS A CONSEQUENCE OF
- (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

4. Atrial Ventricular Block with Pacemaker

19a. AUTOPSY (YES, NO): no
19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (YES, NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC. (SPECIFY):
20g. LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE):
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS YES ☐ NO

**CERTIFIER**

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR: October 17, 1984
21c. AT: 11:30 P. M.

22a. CORONER'S SIGNATURE: Don H. Reynolds
22b. DATE SIGNED (MONTH, DAY, YEAR): October 18, 1984

23a. CORONER'S PHYSICIAN'S SIGNATURE: James Crouse MD
23b. DATE SIGNED (MONTH, DAY, YEAR): October 18, 1984

**DISPOSITION**

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY — NAME: Pinecrest
24c. LOCATION CITY OR TOWN STATE: Little Rock, Arkansas
24d. DATE (MONTH, DAY, YEAR): Oct. 20, 1984

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Huffman Funeral Home 210 W. Oak; Carbondale, IL 62901

25b. FUNERAL DIRECTOR'S SIGNATURE: William N. Huffman
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 5772

26a. LOCAL REGISTRAR'S SIGNATURE: T. L. Lieberman Jr.
26b. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): October 18, 1984

VR202 (Rev. 11/82) Illinois Department of Public Health — Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

*I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.*

DATE November 1, 1984 SIGNED T. L. Lieberman Jr.

Murphysboro, Illinois OFFICIAL TITLE Local Registrar

*The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts of the facts therein stated.*

(68) OFFICE OF VITAL RECORDS • ILLINOIS DEPARTMENT OF PUBLIC HEALTH • SPRINGFIELD 62761

RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

RL-92b
(12-54)

**Please read the enclosed material carefully; it contains information of interest to you.**

8 31 1962
A-546774

Ethel M. Gooding
c/o W.R. McGuire
1918 Colony Dr.
Irving, Texas

Robert H. LaMotte
Director of Retirement Claims

**Communications addressed to the Board, which pertain to an individual case, should show the person's full name, address, claim number, if any, and social security account number.**

RRB Chicago

A worker who has been credited with sufficient earnings under the Social Security Act as well as sufficient service (at least 120 months) under the Railroad Retirement Act may receive benefits under both Acts. However, when a worker dies, his creditable earnings under both Acts are combined and benefits are paid to his survivors by either the Railroad Retirement Board or the Social Security Administration, but not by both.

Since your husband died insured under the Railroad Retirement Act, the Railroad Retirement Board has jurisdiction. Consequently, benefits based on his combined earnings were paid in accordance with the provisions of the Railroad Retirement Act. Therefore, in accordance with the law, benefits are not payable to you under the Social Security Act based solely on his earnings creditable under that Act.

545

824 Pleasant St
Worcester, Mass
Aug 23. 1962

Eugene J Leigler
RR Retirement Board
Chicago, Illinois

DECEASED
NOTICE OF DEATH

A-546774

Dear Sir:

I received notice that I might be entitled to benefits payable under the RR Retirement Act. This was sent to my mailing address at 1918 Colony Dr. - Irving Texas. I was to call Mr Dixon in the Dallas Texas office. This was not convenient so I was to write your office.

My husband, George Newton Gordon, a retired Car foreman for Missouri Pacific RR at No. Little Rock, Ark., passed away April 19th 1962. Our address was 1502 Main St. I made application at the office there for a change from wife's pension to widow's - that adjustment has been made. There were no minor children. If I'm entitled to further benefits, they will be appreciated but I had to furnish so much information I have no idea what the Social Security Administration refers to.

I'm writing at this address but can still be reached at Irving Texas.

Respectfully
Mrs Ethel Gordon

From
824 Pleasant St
Worcester, Mass

WORCESTER MASS
AUG 24 12 10PM 1962

ECKER JU
75TH A
1887

Railroad Retirement Board,
Bureau of Retirement Claims
844 Rush St.
Chicago 11, Illinois.

RECEIVED
AUG 27 1962
Railroad Retirement Board
Mail Room
Section

# REFERRAL NOTICE

RE: George N. Goodin (Wage earner) 702-16-2099 (Account number) 4/19/62 (If deceased, date of death)

This certifies that Ethel Goodin (Name)

1918 Colony Dr., Irving, Tex. (Address)

~~called~~ inquired at this office on 5/17/62 (Date) to request benefits for the following persons:

1. Self (Name) Widow (Relationship)
2. 
3. 

It appears from the information furnished that benefits may be payable by the Railroad Retirement Board. The inquirer was referred to your office located at:

1000 Main, Fidelity Bldg., Dallas, Tex.

Eugene J. Kiggins
Manager.

Form RR-2a (2-57)

7774
2099

RISDICTION OF
ED RR EMPLOYEE
AIB OR DIB, OR
FORM, BOASI
WILL BE USED

completed any required internal action.

☐ This copy for D/O .....
(PC will show D/O and forward checked copy)

Joseph V. Martin, Director
Bureau of Wage and Service Records

☐ This copy to accompany RRB OA-C790

By .....

10 *(Prepare one copy only)*

JUL 11 1962
Date .....

TO: MANAGER,
SOCIAL SECURITY DISTRICT OFFICE
Dallas, Tex.

Please use this form to transfer your survivor claims material to RRB. If you do not have any claims material, return these forms so we may cancel our control.

Joseph V. Martin, Director
Bureau of Wage and Service Records

By ECP

FOLD HERE

11

Date 7/17/62

TO: Railroad Retirement Board
Bureau of Wage and Service Records
844 Rush Street
Chicago 11, Illinois

☒ The requested claims material is attached.

☐ No claims material in this office.

WHITE TRANSFER

CHIEF, PAYMENT CENTER

By LUB

MANAGER, DISTRICT OFFICE

By Eugene J. Kiggins

RRB Chicago

2812 29

WHITE TRANSFER

(1-60)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# REQUEST FOR SSA CLAIM FILE

1 BLOCK NO.

2 NAME OF DECEASED EMPLOYEE (LAST - FIRST - MIDDLE) Doodan George N.

3 RRB CLAIM NO. A 546774

4 FORMER ADDRESS (STREET AND NUMBER, CITY, ZONE NO., AND STATE)

5 SS ACCOUNT NO. 702-16-2099

6 DATE OF DEATH 4-19-62

7 DATE OF BIRTH 10-24-82

8 GENERAL INSTRUCTIONS: THIS FORM WILL BE PREPARED BY THE RRB WHEN RRB HAS JURISDICTION OF SURVIVOR'S CLAIM BASED ON THE COMBINED RR AND SS EARNINGS RECORD OF THE DECEASED RR EMPLOYEE IDENTIFIED ABOVE AND (1) RRB RECORDS SHOW THAT THE DECEASED WAS RECEIVING AN OAIB OR DIB, OR (2) RRB RECEIVES FORM OA-C790 OR RR-790 FROM BOASI D/O. UPON THE RECEIPT OF THIS FORM, BOASI RECORDS WILL BE ANNOTATED TO SHOW THAT RRB HAS JURISDICTION. ITEM NO. 11 BELOW WILL BE USED BY D/O AND PC TO TRANSMIT CLAIMS MATERIAL TO RRB.

9 *(Prepare in Triplicate)*

TO: CHIEF, PAYMENT CENTER ..... Date .....

RRB records show that the identified above was receiving an

☐ OAIB or ☐ DIB. Please use this form to transfer your claims file after you have completed any required internal action.

☐ This copy for D/O .....
(PC will show D/O and forward checked copy)

Joseph V. Martin, Director
Bureau of Wage and Service Records

☐ This copy to accompany RRB OA-C790

By .....

10 *(Prepare one copy only)*

JUL 11 1962
Date .....

TO: MANAGER,
SOCIAL SECURITY DISTRICT OFFICE
Dallas, Tex.

Please use this form to transfer your survivor claims material to RRB. If you do not have any claims material, return these forms so we may cancel our control.

Joseph V. Martin, Director
Bureau of Wage and Service Records

By ECP

FOLD HERE

11

Date 7/17/62

TO: Railroad Retirement Board
Bureau of Wage and Service Records
844 Rush Street
Chicago 11, Illinois

☒ The requested claims material is attached.

☐ No claims material in this office.

WHITE TRANSFER

CHIEF, PAYMENT CENTER

By .....

MANAGER, DISTRICT OFFICE

By Eugene J. Hughes

RRB Chicago

2812 29

WHITE TRANSFER

# RAILROAD RETIREMENT BOARD - CERTIFICATION OF COMPENSATION

| 1. CLAIM NUMBER | 2. NAME | 3. ACCOUNT NUMBER | 4. DOB ON REC'D | 5. EMPLOYMENT DATA YLA | ER. NOS. | P.I. |
|---|---|---|---|---|---|---|
| A546774 | GOODI GN | 702 16 2099 | 1082 ON REQ. | 53 | | |

| 7. INC. ACCT. | INAC. ACCT. | ADJ. BEFORE 60 | PREVIOUS B.Y. 500 | BASE YEAR 500 |
|---|---|---|---|---|
| | | | | |

| 8. YEAR | A. SM | B. COMPENSATION | C. COMP. Q.C. |
|---|---|---|---|
| PRIOR SERVICE | | | |
| 1937 | | | |
| 1938 | | | |
| 1939 | | | |
| 1940 | | | |
| 1941 | | | |
| 1942 | | | |
| 1943 | | | |
| 1944 | | | |
| 1945 | | | |
| 1946 | | | |
| TOTAL 1937 THRU 1946 | 119 | 31863 36 | |
| 1947 | 12 | 3000 00 | 4 |
| 1948 | 12 | 3000 00 | 4 |
| 1949 | 12 | 3000 00 | 4 |
| 1950 | 12 | 3000 00 | 4 |
| 1951 | 12 | 3600 00 | 4 |
| 1952 | 12 | 3584 39 | 4 |
| 1953 | 6 | 1651 41 | 2 |
| 1954 | | | |
| 1955 | | | |
| 1956 | | | |
| 1957 | | | |
| 1958 | | | |
| 1959 | | | |
| 1960 | | | |
| 1961 | | | |
| 1962 | | | |

9. MONTHS EMPLOYED

| YEAR | J | F | M | A | M | J | J | A | S | O | N | D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |

10. MILITARY SERVICE - VERIFIED ☐ CREDITABLE ☐ NOT CREDITABLE — MILITARY SERVICE - NOT VERIFIED ☐ CREDITABLE ☐ NOT CREDITABLE

| MONTHS CREDITABLE | J | F | M | A | M | J | J | A | S | O | N | D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |

11. COMPENSATION AND SERVICE CERTIFIED THRU: 12-31-61

12. I certify that all the service and compensation data and quarters of coverage entered on this form are those of the individual named and identified herein and are correct according to the records of the Railroad Retirement Board.

DATE 07-04-62 Joseph V. Martini
DIRECTOR OF WAGE AND SERVICE RECORDS

13. JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION
B ☐ RESIDUAL PAID ELECTION MADE
C ☐ RESIDUAL MADE - NO ELECTION SA OR LSDP TO, _____
D ☐ AT LEAST 120 MOS. SERVICE
E ☐ LESS THAN 120 MOS., BUT RETIREMENT ANNUITY AWARDED BEFORE 10-30-51 AND CURRENTLY PAYABLE.

DATE 7-9-62 SIGN F. Mankey

14. REMARKS

| 17. TOTAL 1947 THRU 1958 | 18. TOTAL TO DATE SM | COMPENSATION | 19. TOTAL 1959 THRU 1961 | 15. GROSS RESIDUAL WITH MILITARY SERVICE / WITHOUT MILITARY SERVICE | 16. DEDUCTIBLE BENEFITS | 20. TOTAL AFTER 1961 |
|---|---|---|---|---|---|---|
| 22825 19 | 197 | 52699 16 | | 2872 29 | ☐ RA PAYABLE ON 10-30-51 (LESS THAN 10 YEARS) ☐ RA (COMMUTED OR TERMINATED BEFORE 10-30-51) | |

WHITE TRANSFER

# STATEMENT OF DEATH BY FUNERAL DIRECTOR

nf

| 1. NAME OF DECEASED | 2. SOCIAL SECURITY ACCOUNT NUMBER |
|---|---|
| George N. Goodin | 702-16-2099 |

| 3. SEX | 4. RACE | 5. DATE OF DEATH OF DECEASED |
|---|---|---|
| [X] MALE [ ] FEMALE | White | April 19, 1962 |

6. NAME AND ADDRESS OF DECEASED'S NEXT OF KIN. (IF NO RELATIVE'S ADDRESS IS KNOWN, STATE NAME AND ADDRESS OF PERSON WHO ARRANGED FOR BURIAL.)

| NAME | RELATIONSHIP |
|---|---|
| Mrs. George N. Goodin | Wife |

| STREET ADDRESS | CITY | ZONE | STATE |
|---|---|---|---|
| 1502 Moss Street | North Little Rock, Arkansas | | |

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement may be used in connection with an application for Federal old-age, survivors, or disability insurance benefits.

**NOTICE.**—Whoever makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability is subject under the Social Security Act to not more than a $1,000 fine or 1 year of imprisonment, or both.

FORM OA-C721
(1-59)

| NAME OF FUNERAL DIRECTOR OR FIRM (TYPE OR PRINT) | |
|---|---|
| North Little Rock, Arkansas | |
| STREET ADDRESS OF FUNERAL DIRECTOR OR FIRM | |
| 1921 Main Street | |
| CITY / ZONE NUMBER / STATE | |
| North Little Rock, Arkansas | |
| WRITTEN SIGNATURE OF FUNERAL DIRECTOR, MEMBER OF FIRM, OR AUTHORIZED EMPLOYEE | |
| TITLE: Secretary | DATE OF THIS STATEMENT: 4-23-62 |

U. S. GOVERNMENT PRINTING OFFICE : 1959 O—494333

43
44

WA 546774 1 W 339.43 361.53 1A 00.00

OLD NEW

PAYMENT CENTER [ ] PLEASE ADVISE CURRENT DISTRICT OFFICE OF CLAIMS STATUS (PREPARE OA-C556) [ ] PRIOR CERTIFICATION (SEE OVER) R.R.B.

| DISTRICT OFFICE | CODE | REQUEST DATE | TYPE ACTION | BLOCK NUMBER | ACCOUNT NUMBER |
|---|---|---|---|---|---|
| DALLAS TEXAS | 814 | 06 18 62 | A-OAS | HR15701 | 702-16-2099 |

| NAME OF A/N HOLDER | SEX | DATE OF BIRTH | P | DATE OF APPL. | TYPE CLAIM | DATE OF DEATH |
|---|---|---|---|---|---|---|
| GOODIN, GEORGE N | M | 10 24 83 | | LEAD | D | 04 19 62 |

| MULTIPLE A/N | MULTIPLE A/N | MILITARY SERVICE FROM | THRU | V | DATE OF ONSET | MO. ELECT. | R R SERVICE |
|---|---|---|---|---|---|---|---|
| | | | | | | | RR ELG |

LAG INFORMATION FURNISHED BY DISTRICT OFFICE

| TYPE | PERIOD | AMOUNT | EIN | TYPE | PERIOD | AMOUNT | EIN |
|---|---|---|---|---|---|---|---|
| | | NO LAG | | | | | |

| FAMILY COMPOSITION | PRIOR CERTIFICATION | FORM 805 |
|---|---|---|
| DGR | | |

| AUXILIARY OR SURVIVOR DATA SEX | DATE OF BIRTH | P | MO. ELECT. | SEP CHK |
|---|---|---|---|---|
| | 05 03 95 | | | |

REMARKS: RR790 To RRB by DAO

IDENTIFYING INFORMATION -- ACCOUNT NUMBER UNKNOWN

M N

E R

W OA-C790 (IDP) 1-62 SS-5 REMOVED BY DATE

REQUEST FOR E/R ACTION

| | | | |
|---|---|---|---|
| ge | Newton | Goodin | 702-10-2099 |

| | |
|---|---|
| FIRST NAME / MIDDLE NAME / LAST NAME<br>307 So. 7th Street | FOR OFFICE USE ONLY<br>M P RR Co. |
| STREET AND NUMBER<br>Van Buren, Arkansas | Van Buren, Arkansas |
| T OFFICE / STATE<br>October 24, 1882 | Car Foreman |
| DATE OF BIRTH (SUBJECT TO VERIFICATION)<br>Fort Valley, Peach, Georgia | |
| PLACE OF BIRTH<br>Lucis Joseph Goodin | |
| FATHER'S FULL NAME<br>Willie Edna Allen | |
| MOTHER S FULL MAIDEN NAME | |

X FEMALE (MARK (X) WHICH) COLOR: WHITE X NEGRO (MARK (X) WHICH) OTHER SPECIFY

J.H. Bertke REVIEWED BY A.G. Lyons DATE ISSUED 1-30-37

U.S. SOCIAL SECURITY ACT

DATE

NO APP

RRB FORM NO. RL-43c (7-59)

U.S. RAILROAD RETIREMENT BOARD
844 RUSH STREET, CHICAGO 11, ILLINOIS

**NOTICE OF INSURANCE ANNUITY AWARD**

IN REPLY REFER TO:
RRB CLAIM NO. SA-546774

NAME OF EMPLOYEE George H. Goodin

DATE JUN 5 1962

An insurance annuity has been awarded under the Railroad Retirement Act to each person listed below beginning 4-1-62.

| *Name* | *Monthly Rate* |
|---|---|
| Ethel M. Goodin | $95.30 |

The enclosed check covers the amount due through 5-31-62, less the amount previously paid to you since the beginning date of your insurance annuity. Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Since there is a survivor entitled to an insurance annuity beginning with the month in which the employee died, a lump-sum benefit is not payable under the Railroad Retirement Act.

*Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information.*

If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Enclosures
Check G-74
T-83 RB-13

r. wamble 5-23-62

D. M. Smith
Director of Retirement Claims

RRB FORM NO. G-73a (9-61)

**REQUEST FOR CERTIFICATION OR TRANSFER – SURVIVOR CLAIM**

1 WAGE REQUEST FORWARDED TO SSA — DATE

2 NAME OF DECEASED EMPLOYEE (LAST - FIRST - MIDDLE): Goodin George Newton

3 RRB CLAIM NO.: A-546774

4 FORMER ADDRESS (STREET AND NUMBER, CITY, ZONE NO., AND STATE): 1502 Miss St North Little Rock Ark.

5 SSA ACCOUNT NO.: 702-16-2099

| 6 DATE OF DEATH | 7 DATE OF BIRTH | 8 FEMALE | 9 PRIOR E.M. |
|---|---|---|---|
| 4-19-62 | 10-24-83 | ☐ | 163 |

10 OASI LAG EMPLOYERS AND ADDRESSES — FROM — TO

11 MILITARY SERVICE — BRANCH — FROM — TO

12 FILING DATE OF APPL.

13 DEC'D WAS A $ _____ $ _____ (AV.MO.EARN.)

14

15

G-73b-105
(8-61)

**RATE ATTACHMENT**
**FOR MONTHS AFTER JULY, 1961**

| BASIC AMT. * | PIA $105 / FAMILY COMPOSITION | MAX. SSA FORMULA $ 240.00 / MAX. O/M (UNROUNDED) $ 264.00 W or M | C-1 | C-2 | C-3 | C-4 | C-5 | TOTAL 1 MO. | TOTAL 2 MOS. | TOTAL 3 MOS. |
|---|---|---|---|---|---|---|---|---|---|---|
| 85.00 | W (Age 60 or over) | 95.30 | | | | | | | | |
| 85.00 | 1-C | | 86.70 | | | | | 95.30 | 190.60 | 285.90 |
| 85.00 | M and 1-C | 104.00 | 69.30 | | | | | 86.70 | 173.40 | 260.10 |

5-1 Sa

A-546774
SSA# 702-16-2099

# ARKANSAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

DECEASED

Registration District No. 529
Primary Registration District No. 2313

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

op 20,129
Op 28,773

Margin Reserved for Binding
WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY, TOWN, OR LOCATION: Little Rock, Arkansas
c. Length of Stay in 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Missouri Pacific Hosp.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE: Arkansas
b. COUNTY: Pulaski
c. CITY, TOWN, OR LOCATION: North Little Rock, Arkansas
d. STREET ADDRESS: 1502 Moss Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (Type or print): First George, Middle N., Last Goodin
4. DATE OF DEATH: Month April, Day 19, Year 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10-24-1883
9. AGE (In years last birthday): 78 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Car Foreman
10b. Kind of Business or Industry: Missouri Pacific
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: L. Goodin
14. MOTHER'S MAIDEN NAME: Willie Allen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. Social Security No.: 702-16-2099
17. INFORMANT: Wife — Address: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I(a)
19. WAS AUTOPSY PERFORMED? Yes [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour a.m. p.m., Month, Day, Year
20d. INJURY OCCURRED WHILE [ ] AT WORK NOT WHILE [ ] AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3-30-62, to 4-19-62 and last saw her him alive on 4-19-62
Death occurred at 10:35AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 1310 Lincoln, Little Rock
22c. DATE SIGNED: 4-28-62

23a. Burial, Cremation, Removal (Specify): Burial
23b. DATE: 4-21-62
23c. NAME OF CEMETERY OR CREMATORY: Pinecrest Mem. Park
23d. LOCATION (City, town, or county) (State): Little Rock, Arkansas

24. FUNERAL DIRECTOR — ADDRESS: North Little Rock Funeral Home, 1921 Main St. N.L.R. Arkansas
25. DATE RECD. by LOCAL REG.: 4-30-62
26. REGISTRAR'S SIGNATURE: Florence Ives

THIS IS TO CERTIFY, That the above is a full, true and correct copy of the original certification which is on file in this office and of which I am legal custodian. IN TESTIMONY WHEREOF, witness my hand and seal of office at Little Rock, Arkansas.

May 1, 1962, State Registrar J T Herron, MD S.C. 0

| FORM NO. RL-41 (8-59)<br>UNITED STATES RAILROAD RETIREMENT BOARD<br>844 RUSH STREET, CHICAGO 11, ILLINOIS<br>**NOTICE OF WIFE'S ANNUITY AWARD** | IN REPLY REFER TO<br>RRB CLAIM NO. MA-546774 | DATE<br>MAY 17 1960 |
|---|---|---|

Ethel M. Goodin

You have been awarded a wife's annuity under the Railroad Retirement Act.

Your annuity begins on . . . . . 6-1-59
at a monthly rate of . . . . . $ 62.50 through 1-31-60
65.60 from 2-1-60

The enclosed check for . . . . . $ 696.80
covers the amount due through 4-30-60

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

*Be sure to read the back of this notice and any enclosed pamphlet for the conditions under which your annuity is not payable and for other important information.*

If you have any questions, write us or call at any of the Board offices shown on the enclosed list. If you go to a Board office, please take this notice and all other material you have relating to your claim.

Robert H. LaMotte
Director of Retirement Claims

Enclosures
Check
T-83
jp 5-12-60

FORM APPROVED
BUDGET BUREAU NO. 70-R189.1

FORM NO. G-346
(12-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# HUSBAND'S CERTIFICATION

ENTER IN THIS SPACE YOUR RAILROAD RETIREMENT BOARD CLAIM NUMBER IF YOU HAVE BEEN ASSIGNED A NUMBER

A-546774

**IF YOU NEED HELP IN COMPLETING THIS CERTIFICATE, CALL AT, WRITE TO, OR TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD**

*ALL ITEMS MUST BE ANSWERED.* RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD

(DO NOT WRITE IN THIS SPACE)

Received 4-21-60
John T. Hutchinson
John T. Hutchinson,
Little Rock, Ark., D.O.

I, George Newton Goodin (PRINT YOUR NAME: FIRST MIDDLE LAST), 702-16-2099 (SOCIAL SECURITY ACCOUNT NUMBER)

am the husband of Ethel Maude ~~Allen~~ Goodin (NAME OF WIFE (MAIDEN FIRST NAME) (MAIDEN LAST NAME) (HUSBAND'S LAST NAME)), who as my wife has applied for the spouse's annuity under the provisions of the Railroad Retirement Act.

1. Was your present marriage performed by a clergyman or authorized public official? Yes (YES OR NO)

2. Were you married before your marriage to your present wife? ~~Yes~~ (YES OR NO) If "Yes," give the following information about each of your previous marriages:

| PREVIOUS MARRIAGE(S) | | TO WHOM MARRIED | HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT) | MARRIAGE ENDED | |
|---|---|---|---|---|---|
| DATE | PLACE | | | DATE | PLACE |
| 4- -03 | Macon, Ga. | Willie Bell Allen | divorce | 11- -14 | Birmingham Ala. |
| | | | | | |

3. (a) Are you and your wife living together at the same address? Yes (YES OR NO) (b) If "No," are you contributing to her support? _____ (YES OR NO) If "Yes," state how often and in what amounts _____

(CONTRIBUTIONS MAY BE IN CASH, OR IN KIND, SUCH AS YOUR WIFE LIVING RENT FREE IN A HOUSE WHICH YOU OWN)

(c) If both questions (a) and (b) are answered "No," state why you and your wife are not living together _____

**CERTIFICATION:** Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this certificate has been signed by mark (X), two witnesses who know the husband must sign below, giving their full addresses.

1. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (ZONE) _____ (STATE)

2. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (ZONE) _____ (STATE)

SIGNATURE OF HUSBAND OF APPLICANT

George N Goodin
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

1502 Moss, (STREET AND NUMBER)

North Little Rock, (CITY) _____ (ZONE NUMBER)

Sebastian (COUNTY) Arkansas (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

Fr 4-9572
(IF NONE, WRITE "NONE")

DATE SIGNED April (MONTH) 21 (DAY) 1960 (YEAR)

## PENALTIES

.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

RRB Chicago

RRB FORM G-91 (5-57)

**DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED**

| 1. DATE | 2. S.S.A. OR CLAIM NUMBER |
|---|---|
| 4-21-60 | A-546774 |

3. FILE NAME OF EMPLOYEE: George Newton Goodin

## DESCRIPTION OF DOCUMENT

| 4. KIND OF DOCUMENT | 5. ON OFFICIAL STATIONERY? [x] YES [ ] NO<br>SEAL USED? [x] YES [ ] NO | 6. DATE RECORD MADE |
|---|---|---|
| Certificate of Birth | | 1-28-47 |

| 7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION | 8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT |
|---|---|
| State of Texas | |

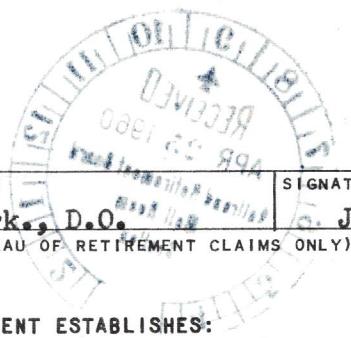
9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

## INFORMATION ON DOCUMENT

| | EMPLOYEE | BENEFICIARY |
|---|---|---|
| 10. NAME | | Ethelyn Ruthell Goodin |
| 11. AGE OR DATE OF BIRTH | | 8-8-28 |
| 12. PLACE OF BIRTH | | Texarkana, Texas. |
| 13. NAME OF FATHER | | George Newton Goodin |
| 14. MOTHER'S MAIDEN NAME | | Ethel Allen - age 33 |
| 15. DATE OF DEATH | | |
| 16. MARRIAGE | DATE | PLACE |

17. OTHER PERTINENT INFORMATION (Include address of person in whose interest document was furnished if: (a) this form is prepared in the field and (b) the address is not shown on other material being forwarded)

Medical Attendant's Affidavit signed by Dr. Kosminsky.



| UNIT OR FIELD OFFICE | SIGNATURE AND TITLE |
|---|---|
| Little Rock, Ark., D.O. | John T. Hutchinson, Contact Representative. |

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

- [ ] MARRIAGE
- [ ] DEATH
- [ ] AGE OR DATE OF BIRTH OF _____
- [ ] RELATIONSHIP OF _____

| UNIT | SIGNATURE AND TITLE |
|---|---|
| | |

RRB Chicago

RRB FORM G-91 (5-57)

# DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1. DATE: 4-21-60

2. S.S.A. OR CLAIM NUMBER: A- 546774

3. FILE NAME OF EMPLOYEE: George Newton Goodin

## DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT: Marriage License

5. ON OFFICIAL STATIONERY? [x] YES [ ] NO
SEAL USED? [ ] YES [x] NO

6. DATE RECORD MADE: 12-1-23

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION: Rev. W. Lee Cutts, Pastor, Capital View Baptist Church, Atlanta, Ga.

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT: None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

## INFORMATION ON DOCUMENT

| | EMPLOYEE | BENEFICIARY |
|---|---|---|
| 10. NAME | George N. Goodin | Mrs. Ethel Allen O'Shields |
| 11. AGE OR DATE OF BIRTH | not shown | not shown |
| 12. PLACE OF BIRTH | | |
| 13. NAME OF FATHER | | |
| 14. MOTHER'S MAIDEN NAME | | |
| 15. DATE OF DEATH | | |
| 16. MARRIAGE | DATE: 12-1-23 | PLACE: Atlanta, Ga. |

17. OTHER PERTINENT INFORMATION (Include address of person in whose interest document was furnished if: (a) this form is prepared in the field and (b) the address is not shown on other material being forwarded)

Signed by W. Lee Cutts, Paster, Capital View Baptist Church, Atlanta, Ga.

UNIT OR FIELD OFFICE: Little Rock, Ark., D.O.

SIGNATURE AND TITLE: John T. Hutchinson, Contact Representative.

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

- [ ] MARRIAGE
- [ ] DEATH
- [ ] AGE OR DATE OF BIRTH OF _____
- [ ] RELATIONSHIP OF _____

UNIT

SIGNATURE AND TITLE

RRB Chicago

(4)

RL-5a
(3-1)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Mr. C. A. Rockwell, Secretary for
Trustee
Missouri Pacific Railroad Company
1610 Missouri Pacific Building
St. Louis 3, Missouri

In reply refer to
Claim No. A-546774
S.S.A. No. 702-16-2099

Dear Sir:

This is to advise that effective June 13, 1953, the person whose name appears below and whose last employer service was rendered your company has, in accordance with the provisions of the Railroad Retirement Act, been awarded a full annuity under Section 2(a) Sub-Section 1.

| | | | |
|---|---|---|---|
| Name | George N. Goodin | Last Occupation | Ass't. Frt. Car Foreman |
| Address | 1502 Moss Street | Location or Division | Little Rock, Arkansas |
| | North Little Rock, Ark. | Date of Last Service | June 12, 1953 |

The Railroad Retirement Board should be immediately notified if at any time this annuitant returns to compensated service for your company.

Yours very truly,

Robert H. LaMotte
Director of Retirement Claims

Gorman:ICrost
September 14, 1953

RRB Chicago

W 8—537

# NORTHERN PACIFIC RAILWAY COMPANY

PENSION DEPARTMENT

J. H. POORE,
CHAIRMAN
A. M. GOTTSCHALD,
SECRETARY

ST. PAUL 1, MINN. August 21, 1953

A 546774

Mr. Robert H. LaMotte
Director of Retirement Claims
Railroad Retirement Board
844 Rush Street
Chicago 11, Illinois

Dear Sir:

The attached form RL-5a concerning an annuity awarded to George N. Goodin, 1502 Moss Street, North Little Rock, Arkansas, S.S.A. No. 702-16-2099, on June 13, 1953, is returned herewith inasmuch as we have no record of this individual.

Very truly yours,

A. M. Gottschald

h
encl.

AMG Chicago

(4)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

AUG 18 1953

Northern Pacific Railroad Company

In reply refer to
Claim No. A-546774
S.S.A. No. 702-16-2099

Dear Sir:

This is to advise that effective June 13, 1953, the person whose name appears below and whose last employer service was rendered your company has, in accordance with the provisions of the Railroad Retirement Act, been awarded a full annuity under Section 2(a) Sub-Section 1.

Name George N. Goodin

Address 1502 Moss Street
North Little Rock, Ark.

Last Occupation Ass't Frt. Car Foreman

Location or Division Little Rock, Arkansas
No cars here because no track

Date of Last Service June 12, 1953

The Railroad Retirement Board should be immediately notified if at any time this annuitant returns to compensated service for your company.

Yours very truly,

Robert H. LaMotte

Director of Retirement Claims

RRB Chicago

RL-20
(11-52)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Mr. George N. Goodin
1502 Moss Street
North Little Rock, Arkansas

In reply refer to
R.R.B. No. A-546774

You have been awarded an annuity under the Railroad Retirement Act and should receive your first check within three weeks from the date of this letter.

| | |
|---|---|
| The monthly rate of your annuity is | $152.55 |
| The beginning date of your annuity is | June 13, 1953 |
| The first check will cover the amount due through | July 31, 1953 |
| The amount of the first check will be | $244.08 |
| Your annuity is based on the following: | |
| Number of years of service | 30 |
| Average monthly compensation | $268.48 |

We are enclosing a certificate of annuity and a leaflet which explains how annuities are computed. If you have any questions about your annuity, you may write to this office or call at any of the Board offices shown on the enclosed list. Please take this letter with you if you go to a Board office.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosures
Certificate of Annuity
RB-6
T-83

RB-11

EZ

BE SURE TO READ THE OTHER SIDE OF THIS LETTER

A[illegible]1
(11-52)

IMPORTANT - READ CAREFULLY

## CONDITIONS UNDER WHICH YOUR ANNUITY IS NOT PAYABLE

Your annuity cannot be paid for any month in which you work for pay for a railroad or other employer in the railroad industry.

If your last job before the beginning date of your annuity was with a person or company outside the railroad industry, your annuity cannot be paid for any month in which you work for pay for that person or company.

You must notify the Railroad Retirement Board promptly if you work for any type of employer described above.

If you receive an annuity check for any month for which you should not be paid, you should return the check to the

Treasury Department
Division of Disbursement
Merchandise Mart
Chicago 54, Illinois

## MAILING OF CHECKS

Your checks will be mailed by the Treasury Department. But if you do not receive a check by the fifteenth of the month you should write to the Railroad Retirement Board.

## CHANGE OF ADDRESS

Notify the Railroad Retirement Board immediately if you change your address. A notice of change of address should show your claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed your application.

---

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE YOUR CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

RRB Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R047.3

THIS SIDE TO BE COMPLETED BY THE EMPLOYER

FORM NO. G-88a
(1-53)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

CLAIM NO.

SOCIAL SECURITY ACCOUNT NO. 702-16-2099

DATE RELEASED

## A. EMPLOYER

Missouri Pacific Railroad Company

## B. EMPLOYEE IDENTIFICATION

NAME: Goodin (LAST) George (FIRST) Newton (MIDDLE)

DATE LAST WORKED: 6-12-53

DATE RIGHTS RELINQUISHED: 6-30-53

ADDRESS: 1502 Moss St. No. Little Rock Ark

OCCUPATION: Asst Frt Car Foreman

LOCATION: No. Little Rock

PAYROLL NAME: G N Goodin

DEPARTMENT OR DIVISION: Mechanical

## C. STATEMENT OF SERVICE MONTHS AND COMPENSATION

(1) **EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS ANNUALLY:** IF THIS REPORT IS SUBMITTED *BEFORE MAY 1*, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE *PRECEDING* CALENDAR YEAR AND ENDING WITH THE DATE LAST WORKED. IF SUBMITTED *AFTER APRIL 30*, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE *CURRENT* CALENDAR YEAR AND ENDING WITH THE DATE LAST WORKED.

(2) **EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS QUARTERLY:** REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH THE MONTH DETERMINED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE AND ENDING WITH THE DATE LAST WORKED:

| WHEN THIS REPORT IS SUBMITTED FROM | | | SHOW COMPENSATION BEGINNING WITH |
|---|---|---|---|
| JAN. 1 | THROUGH | FEB. 28 | JULY OF PRECEDING YEAR |
| MARCH 1 | " | APRIL 30 | OCTOBER " " " |
| MAY 1 | " | SEPT. 30 | JANUARY OF CURRENT YEAR |
| OCT. 1 | " | DEC. 14 | APRIL " " " |
| DEC. 15 | " | DEC. 31 | JULY " " " |

| MONTH | YEAR 1953 | YEAR 19 |
|---|---|---|
| JAN. | 300.00 | |
| FEB. | 270.56 | |
| MARCH | 180.99 | |
| APRIL | 300.00 | |
| MAY | 300.00 | |
| JUNE | 191.40 | |
| JULY | | |
| AUG. | | |
| SEPT. | | |
| OCT. | | |
| NOV. | | |
| DEC. | | |
| TOTAL | | |

## D. ALLOWANCES FOR PERIODS AFTER DATE LAST WORKED

| PERIOD COVERED FROM | TO | AMOUNT | REASON FOR PAYMENT |
|---|---|---|---|
| 6-18-53 | 6-30-53 | ~~$191.18~~ | Vac. Allow. pd. in June 1953 |

REMARKS: Annual Vacation June 18-30 Inc.

1651.55

## E. CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION

SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION B OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

SIGNATURE: W F Duncan

TITLE: Supt. of Shop

DATE: 7-3-53

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION

THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED $300 FOR ANY CALENDAR MONTH.

SIGNATURE: C A Nocurree

TITLE: Secretary for Trustee

DATE: July 23, 1953 *UNIT

*IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

**NOTE:** SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

RRB Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R047.3

FORM NO. G-88
(8-8)

CLAIM NO. (IF ASSIGNED)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# EMPLOYEE'S CERTIFICATE OF TERMINATION OF SERVICE AND RELINQUISHMENT OF RIGHTS

SOCIAL SECURITY ACCOUNT NO. 702-16-2099

**THIS SIDE TO BE COMPLETED BY THE EMPLOYEE**

**IMPORTANT:** IF YOU ARE UNDER AGE 65 AND YOU ARE CLAIMING A DISABILITY ANNUITY, DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

1. NAME AND ADDRESS OF EMPLOYEE
George Newton Goodin
1502 Moss St.
No. Little Rock, Ark.

2(a) NAME OF LAST EMPLOYER*
Missouri Pac. Ry

2(b) OCCUPATION
Car Foreman

2(c) DIVISION OR DEPARTMENT, AND LOCATION
Car - No. Little Rock Ark

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* AND THAT I LAST WORKED FOR ABOVE EMPLOYER* FOR COMPENSATION ON
MONTH June DAY 12 YEAR 1953

4. I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON
June (MONTH) 30 (DAY) 1953 (YEAR)

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER*?
YES ☐ NO ☒
IF YOUR ANSWER IS "YES," FILL OUT THE SPACES BELOW.

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

STREET AND NUMBER

CITY OR TOWN STATE

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE
MONTH _____ DAY _____ YEAR _____
NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT

NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS"

SIGNATURE OF APPLICANT
G N Goodin

DATE SIGNED July 1, 1953

REMARKS
Application Form AA-1 filed in Little Rock Dist. Office on 7-1-53.
Original G-88 sent to Mr. W. F. Duncan, Supt. of Shops Mo. Pac. Ry. North Little Rock, Ark. on 7-1-53

SCREENING UNIT JUL 28 1953 RECEIVED

*DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART 1 OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC. CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

PENALTIES

SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART

"ANY.....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT.....FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM NO. G-73
(6-52)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# STATEMENT OF SUBSEQUENT SERVICE AND EARNINGS

**RETURN TO:**
- ☐ RETIREMENT CLAIMS FILE BANK
- ☐ _____
- ☐ FIRST REQUEST
- ☐ AMENDED REQUEST (CHECK ITEMS REQUIRED)

CLAIM NO.

SOCIAL SECURITY ACCOUNT NO.

LAST I.C.C. CODE NO. 50

DATE PREPARED

**A. EMPLOYER**

1813 (52)

GOODIN, GEORGE NEWTON OK A-546774

1502 Moss St.
North Little Rock,
Arkansas

OK 702-16-2099
10-24-83 MP
6-12-53 82

**CATION**

| | DATE LAST WORKED | DATE RIGHTS RELINQUISHED |
|---|---|---|
| | OCCUPATION | LOCATION |
| | DEPARTMENT OR DIVISION | DATE OF BIRTH |

PAYROLL NAME

REGISTRATION FORM SIGNED - DATE: 12-26-36

☐ SS (EMPLOYEE HAS BEEN CREDITED WITH WAGES)

☑ NO SS (NO RECORD OF EMPLOYEE HAVING BEEN CREDITED WITH WAGES)

**C. INFORMATION REQUIRED**

1. TOTAL CREDITABLE SERVICE AND COMPENSATION THROUGH THE PERIOD ENDED DEC 8 1952

(a) SERVICE MONTHS 191 (b) COMPENSATION 53,037.00

2. ☐ MILITARY SERVICE DATA: BRANCH _____ FROM _____ TO _____

BRANCH _____ FROM _____ TO _____

☐ MILITARY SERVICE CREDITABLE: (a) SERVICE MONTHS _____ (b) COMPENSATION _____

☐ MILITARY SERVICE NOT CREDITABLE

3. ☐ 12 OUT OF MOST RECENT 30 MONTHS FOR PURPOSE OF CURRENT CONNECTION

| YEAR | JAN. | FEB. | MARCH | APRIL | MAY | JUNE | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |

4. ☐ OCCUPATION FOR LAST FIVE CALENDAR YEARS

| 19 | 19 | 19 | 19 | 19 |
|---|---|---|---|---|
| | | | | |

REMARKS: 52 - 12 - 3,584.39
51 - 12 - 3,(illegible)

| CHECKED BY | DATE |
|---|---|
| MC | 7-9 |
| REVIEWED BY | DATE |
| | |

I CERTIFY THAT THE SERVICE AND CREDITABLE COMPENSATION ENTERED ABOVE ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED IN THIS FORM, AND ARE CORRECT ACCORDING TO THE RECORDS OF THIS BUREAU. ALL COMPENSATION INCLUDED IN THIS CERTIFICATION HAS BEEN REPORTED AS EARNED IN THE SERVICE OF AN EMPLOYER UNDER THE ACT.

JUL 9 1953
DATE

J. R. Bannister
FOR DIRECTOR, WAGE AND SERVICE RECORDS

888 Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R047.3

FORM NO. G-88
(8-8)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# EMPLOYEE'S CERTIFICATE OF TERMINATION OF SERVICE AND RELINQUISHMENT OF RIGHTS

CLAIM NO. (IF ASSIGNED)

SOCIAL SECURITY ACCOUNT NO.

**THIS SIDE TO BE COMPLETED BY THE EMPLOYEE**

**IMPORTANT:**
IF YOU ARE UNDER AGE 65 AND YOU ARE CLAIMING A DISABILITY ANNUITY, DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

1. NAME AND ADDRESS OF EMPLOYEE
George Newton Graden
1502 Moss St
No Little Rock Ark

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER*?
YES ☐ NO ☒
IF YOUR ANSWER IS "YES," FILL OUT THE SPACES BELOW.

2(a) NAME OF LAST EMPLOYER*
Missouri Pac Ry

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

2(b) OCCUPATION
Car Foreman

STREET AND NUMBER

2(c) DIVISION OR DEPARTMENT, AND LOCATION
Car No Little Rock Ark

CITY OR TOWN STATE

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* AND THAT I LAST WORKED FOR ABOVE EMPLOYER* FOR COMPENSATION ON
MONTH June DAY 12 YEAR 1953

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH _____ DAY _____ YEAR _____

4. I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON
June (MONTH) 20 (DAY) 1953 (YEAR)

5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE
MONTH _____ DAY _____ YEAR _____
NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT

NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS"

SIGNATURE OF APPLICANT
[signature]

DATE SIGNED
July 1, 1953

REMARKS
Application form AH [illegible] Office on 7-1-53
Original G-88 sent to Mr W F Duncan Supt of Shops
Mo Pac Ry North Little Rock Ark on 7-1-53

*DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART 1 OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC. CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

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RL-104
(9-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Mr. George Newton Goodin
504 Olive Street, Park Hill
North Little Rock, Arkansas

MAR 11 1948

In reply refer to
S.S.A. No. 702-16-2099

Dear Sir:

Receipt is acknowledged of the evidence you have submitted to establish your date of birth.

This evidence establishes your date of birth on the records of the Board as October 24, 1883.

Yours very truly,

John W. Callender
Director of Retirement Claims

JJoki:THWurth
March 11, 1948

504 Olive Street
Park Hill, North Little Rock, Ark.

February 26, 1948

Railroad Retirement Board
Director of Retirement Claims
844 Rush Street
Chicago, 11, Illinois

SSA No. 702-16-2099

Dear Sir:

This is to advise that my correct date of birth is October 24,

1883.

Yours truly,

George Newton Goodin

JAN 15 1946

Mr. George Newton Goodin
504 Olive Street, P.H.
North Little Rock, Arkansas

In reply refer to
S.S. A. No. 702-16-2099

Dear Sir:

Receipt is acknowledged of the statement of C. B. Alexander, Secretary of Wolihin Lodge No. 390, submitted to establish your date of birth on the records of the Board.

Mr. Alexander's statement indicates that you were born on October 24, 1883, while on Form AA-15, employee's statement of compensated service, you state your date of birth to be October 24, 1882.

Please advise your correct birth date over your personal signature. If you were born on the date shown on Form AA-15, it will be necessary to submit other evidence of earlier origin than January 1918 to substantiate your claim.

Very truly yours,

alder

John W. Callender
Director of Retirement Claims

Enclosure
R.B.-1

FAlder:MKazlauckas
January 15, 1946

702-16-7099

# Wolihin Lodge No. 390, F. & A. M.

PS4272

MEETS FIRST AND THIRD TUESDAY NIGHTS

W. P. LINDLER, WORSHIPFUL MASTER
214 GRENADA TERRACE

C. B. ALEXANDER, SECRETARY
300 HENDLEY STREET

Copy

MASONIC TEMPLE, 710 MULBERRY STREET

**Macon, Georgia**

December 23, 1944.

The records of Wolihin Lodge, No. 390, F. & A. M. show that George N. Goodin was initiated January 1st 1918, and at the time of his petition his birth date was given as October 24, 1883.

C. B. Alexander

C.B.Alexander. Secretary.
Wolihin Lodge, No.390, F.& A.M.

Seal of Lodge.

RL-108
(3-3)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS (11)

BUREAU OF RETIREMENT CLAIMS

AUG 2 1944

Mr. George Newton Goodin
504 Olive Street, P.H.
North Little Rock, Arkansas

In reply refer to
S.S.A. No. 702-16-2099

Dear Sir:

The document submitted by you to verify the date of your birth indicates that you were born on October 24, 1883. On the Employee's Statement of Service, Form AA-15, you have shown your date of birth as October 24, 1882.

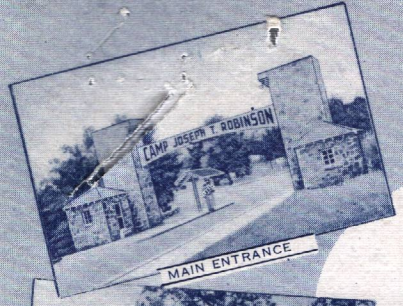
Kindly advise your correct date of birth. In the event that you were born on the date shown on Form AA-15, additional evidence should be submitted conforming to the standards outlined on the enclosed Form R.B.-1.

Yours very truly,

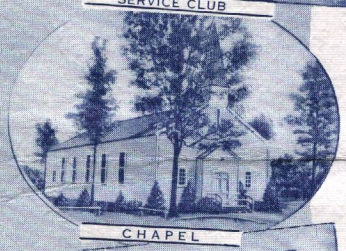
John W. Callender
Director of Retirement Claims

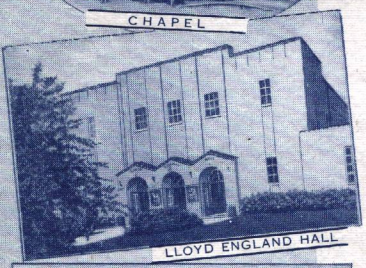
Enclosure
R.B.-1

JMMcCleary:RForman
July 31, 1944

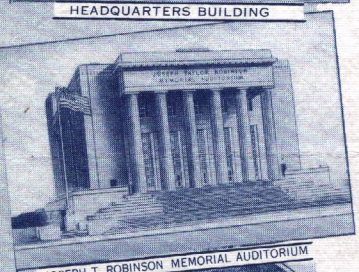


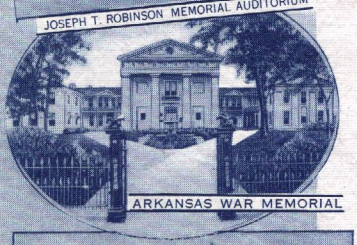
SERVICE CLUB

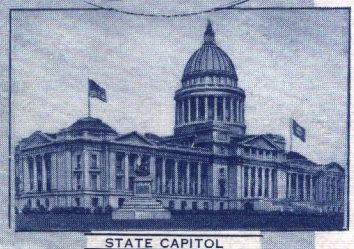

CHAPEL


LLOYD ENGLAND HALL

HEADQUARTERS BUILDING


JOSEPH T. ROBINSON MEMORIAL AUDITORIUM


ARKANSAS WAR MEMORIAL


STATE CAPITOL

# CAMP JOSEPH T. ROBINSON
ARKANSAS

Railroad Retirement Board

Refer to SSA. No 702-16-2099

your Letter Jan. 26. 43

First Paragraph Stated. Not exceeding 300. In any one month. Will State My Salary Was $305.00 Per month During November 1924 to Oct. 1925

The Attached Lodge Records Is all that I am able to Establish

F M Goodin
504 Olive St. P.H.
North Little Rock
Ark

So Sec No. 702-16-2099

FELIX H. KNIGHT, GENERAL PRESIDENT
400-403 CARMEN'S BUILDING

J. S. WILDS, GENERAL SECRETA
408-412 CARMEN'S BUI

OFFICE OF
GENERAL SECRETARY-TREASURER

# BROTHERHOOD RAILWAY CARMEN OF AMERICA

AFFILIATED WITH AMERICAN FEDERATION OF LABOR AND THE
TRADES AND LABOR CONGRESS OF CANADA

826

408-412 CARMEN'S BUILDING

KANSAS CITY, MO.

July 26, 1943

TO WHOM IT MAY CONCERN:

This will certify that G. N. Goodin was admitted to membership, Brotherhood Railway Carmen of America, August, 1908, at which time the age of this individual was shown as 25.

Yours very truly,

J. S. Wilds

General Secretary-Treasurer

JSW:VF

5445085

PS4219

25

# Wolihin Lodge No. 390, F. & A. M.

5445086

PS4219

MEETS FIRST AND THIRD TUESDAY NIGHTS

MASONIC TEMPLE, 710 MULBERRY STREET

Macon, Georgia

August 12, 1943.

To Whom It May Concern:

The records of Wolihin Lodge,No.390,Free and Accepted Masons,of Macon,Georgia state that Brother George N. Goodin was initiated on January 1st, 1918 and that the date of his birth was given as October 24,1883.

C. B. Alexander
Secretary.
Wolihin Lodge,No.390,F.& A.M.

Seal

RL-84a
(2-2)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS

JAN 26 1948

BUREAU OF RETIREMENT CLAIMS

Mr. George Newton Goodin
307 South Seventh Street
Van Buren, Arkansas

In reply refer to
S.S.A. No. 702-16-2099

Dear Sir:

You are hereby notified that a record of 341 months of service prior to January 1, 1937 has been established for you on the records of the Board. There has also been established on the records of the Board, a record that the total compensation (not exceeding $300 in any one month) reported as earned by you during the period 1924-1931, inclusive, was $ 24457.40 and that this compensation was earned in 95 months of service during this period.

The service shown above, plus the service after January 1, 1937 which already has been credited to you on the records of the Board, totals at least 30 years, the maximum creditable toward any annuity under the Railroad Retirement Acts for which you may become eligible prior to the year 1967. If you become eligible for such annuity, service will be credited in reverse order, beginning with the most recent service prior to attainment of age 65 and going back no further than is necessary to establish the maximum of 30 years. Therefore, if you perform additional creditable service before you apply for an annuity, it will not be necessary to use the entire amount of prior service shown above in computing your annuity.

The average monthly compensation applicable to service prior to January 1, 1937 is determined by dividing the total compensation reported as earned in the credited months of service during the period 1924-1931, inclusive, by the number of months in which such compensation was earned.

The date of birth shown on your statement of service has not been verified. To avoid future delays, you may wish to present proof of your birth date now. Types of evidence are listed in order of preference on the attached sheet. Documents submitted should be identified by your name and social security account number.

Your attention is invited to the back of this letter which contains excerpts from the Regulations of the Board with respect to finality of the record of prior service.

Enclosure
R.B.-1
Meyer
Meyer/rogers
1/21/48

Yours very truly,

Director of Retirement Claims

FORM NO. G-575
(1-2)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# DECISION ON ESTABLISHMENT OF PRIOR SERVICE RECORD

NAME OF EMPLOYEE: Goodin, George Newton

SOCIAL SECURITY ACCOUNT NUMBER: 702-16-2099

FORM NUMBER: G RL: 84A

☑ PS CREDITED ☐ PS DENIED

☐ U.S. SERVICE FOR CANADIAN EMPLOYER

## 1. RECAPITULATION OF SERVICE AND COMPENSATION

| | NAME OF EMPLOYER (1) | TOTAL C MONTHS (2) | NET M MONTHS (3) | TOTAL MONTHS CREDITED (4) | COMPENSATED MONTHS 1924-1931 (5) | COMPENSATION 1924-1931 (6) |
|---|---|---|---|---|---|---|
| 1 | Missouri Pacific R R Co | 151 | | 151 | 91 | $ 2358.25 |
| 2 | Macon, Dublin & Savannah R R Co | 79 | | 79 | 4 | 873.15 |
| 3 | Central of Georgia Ry Co | 78 | | 78 | | |
| 4 | Atlanta, Birmingham & Coast R R Co | 33 | | 33 | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| | TOTALS | 341 | | 341 | 95 | $ 2445.40 |

AVERAGE MONTHLY COMPENSATION: $ 25.45

## 2. COMPUTATION OF NET M MONTHS

| EMPLOYER NO. (1) | M MONTHS (2) | 5% (3) | CLAIMED ABSENCE (4) | NET M MONTHS (5) | SUB-TOTALS (6) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NET TOTAL M MONTHS | | | | | |

3. DATE OF BIRTH ESTABLISHED? YES ☐ NO ☑

4. SEE ATTACHED FORM NO. FOR BASIS OF AVERAGE MONTHLY COMPENSATION COMPUTED BY MISSING RECORDS UNIT

5. REASON, IF CREDIT FOR PRIOR SERVICE IS DENIED

| COMPUTER | VERIFIER | EXAMINER | DATE |
|---|---|---|---|
| | | Meyer | JAN 26 1943 |

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

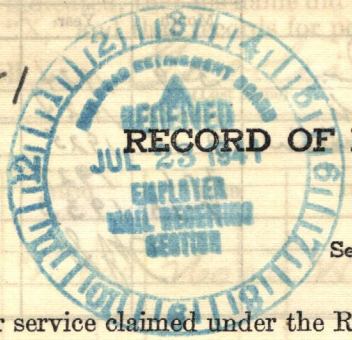
OE

17156

SOCIAL SECURITY ACCOUNT NO. 702 | 16 | 2099

Sheet No. 1 of 15 R. R. B. No.

121




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Missouri Pacific Railroad Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Car Foreman | 5-1924 | 11-1924 | Car | Texarkana, Ark |
| 2 | " | Gen. Car Insp. | 11-1924 | 9-1925 | " | So. Dist. L. Rock, Ark. |
| 3 | " | Car Foreman | 10-1925 | 1-1927 | " | Wichita, Ks. |
| 4 | " | " " | 2-1927 | 5-1928 | " | Gurdon, Ark. |
| 5 | " | " " | 5-1928 | 4-1933 | " | Texarkana " |
| 6 | " | " " | 4-1933 | Not ended | " | Van Buren " |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

PS 686

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

Ft. Valley (City) — (County, parish, or other civil division) Georgia (State or country)

on 1 (Month) 24 (Day) 1887 (Year), which ~~has~~ (has not) been verified, and that such date of birth was entered on records of the employer during the year of 1924

## Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? Yes (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

## Section 5.—PERSONNEL RECORD

| | Occupation | Department or Division | From— Month | From— Year | To— Month | To— Year |
|---|---|---|---|---|---|---|
| 1 | Car Foreman | Arkansas Div. | 5-9 | 1924 | 11-21 | 1924 |
| 2 | General Car Inspector | Sou. District | 11-22 | 1924 | 9-14 | 1925 |
| 3 | Car Foreman | Wichita Division | 9-15 | 1925 | 1-31 | 1927 |
| 4 | " " | Arkansas " | 2-1 | 1927 | 4-12 | 1933 |
| 5 | " " | Central " | 4-13 | 1933 | Not ended | |
| 6 | | | | H.H.G. | | |
| 7 | | | | | | |
| 8 | | | | | | |

## Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

| | | 1936 | 1935 | 1934 | 1933 | 1932 | 1923 | 1922 | 1921 | 1920 | 1919 | 1918 | 1917 | 1916 | 1915 | 1914 | 1913 | 1912 | 1911 | 1910 | 1909 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Feb. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Mar. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| April | | C | C | C | C | C | | | | | | | | | | | | | | | |
| May | | C | C | C | C | C | | | | | | | | | | | | | | | |
| June | | C | C | C | C | C | | | | | | | | | | | | | | | |
| July | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Aug. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Sept. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Oct. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Nov. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Dec. | | C | C | C | C | C | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | |

| | 1908 | 1907 | 1906 | 1905 | 1904 | 1903 | 1902 | 1901 | 1900 | 1899 | 1898 | 1897 | 1896 | 1895 | 1894 | 1893 | 1892 | 1891 | 1890 | 1889 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | | | | | | | | | | | | | | | | | | | |
| Feb. | | | | | | | | | | | | | | | | | | | | |
| Mar. | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | |
| Aug. | | | | | | | | | | | | | | | | | | | | |
| Sept. | | | | | | | | | | | | | | | | | | | | |
| Oct. | | | | | | | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | | | | | | | | | | | |
| Dec. | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | |

Special Instructions for August and September 1935.—Check pay roll for second half of August 1935; if name is **not** found on this pay roll, check pay roll for **first** half of August. Check pay roll for **first** half of September 1935; if name is **not** found on this pay roll, check pay roll for **second** half of September. Do not make an entry in more than one block for each of the two months.

Note.—(a) Line out spaces for all months for which entries have not been made.
(b) Only 30 service years are required for verification.

## Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll: Goodin (Last name) G (First name) N (Middle name)

| | COMPENSATION | | | | | | | | | | | | | | | | OCCUPATION | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1931 | | 1930 | | 1929 | | 1928 | | 1927 | | 1926 | | 1925 | | 1924 | | Year | Title on Pay Roll |
| Jan. | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 150 | 00 | 300 | 00 | | | 1st 1931 2d | Car 4man |
| Feb. | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 154 | 45 | 150 | 00 | 300 | 00 | | | | |
| Mar. | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 155 | 00 | 150 | 00 | 300 | 00 | | | 1st 1930 2d | Car 4man |
| Apr. | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 155 | 00 | 150 | 00 | 300 | 00 | X | | 1st 1929 2d | car 4man |
| May | 160 | 00 | 160 | 00 | 160 | 00 | 154 | 55 | 155 | 00 | 150 | 00 | 300 | 00 | 192 | 90 | | |
| June | 160 | 00 | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 300 | 00 | 160 | 00 | 1st 1928 2d | Car 4man |
| July | 160 | 00 | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 300 | 00 | 160 | 00 | | |
| Aug. | 160 | 00 | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 300 | 00 | 160 | 00 | 1st 1927 2d | car 4man |
| Sept. | 160 | 00 | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 277 | 50 | 160 | 00 | | |
| Oct. | 160 | 00 | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 150 | 00 | X | | 1st 1926 2d | car 4man |
| Nov. | 160 | 00 | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 150 | 00 | 111 | 85 | 1st 1925 2d | Genl Carinsp |
| Dec. | 160 | 00 | 160 | 00 | 160 | 00 | 160 | 00 | 155 | 00 | 150 | 00 | 150 | 00 | 300 | 00 | | |
| Total | | | | | | | | | | | | | | | | | 1st 1924 2d | |

NOTES.—(a) Line out spaces for all months for which entries have not been made.
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

151
DD

## Section 8.—COMPUTATIONS

(For use of Railroad Retirement Board only)

| | Number of Months | Net compensation |
|---|---|---|
| 1-1-24 to 12-31-31 | | $ |
| Other service prior to 1-1-37 | | |

C _____ M _____ A _____

Computer _____ Reviewer _____

## Section 9.—ADDITIONAL INFORMATION

Service taken from payrolls
Erasures Aug & Sept 1945

## Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "*Additional information*," or as initialed by me.

A. T. Case
(Signature)

Date July 7, 1941

Assistant Secretary
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

## Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (*b*) (part). "* * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (*b*) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than $10,000 or by imprisonment not exceeding 1 year."

U. S. GOVERNMENT PRINTING OFFICE 16—18434

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT NO. 702 16 2099 70674

Sheet No. 2 of 15 R. R. B. No.

RAILROAD RETIREMENT BOARD RECEIVED MAR 21 19 EMPLOYER MAIL RECEIVING SECTION

RECEIVED AUG 11 1942 RAILROAD RETIREMENT BOARD EMPLOYER MAIL RECEIVING SECTION

# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Macon, Dublin & Savannah Railroad Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Carman&Frman | 1-1917 | 5-1924 | Car | Macon Ga. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

3485966

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

NO RECORD

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

D 32524

## Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

MAY 27 1941

## Section 5.—PERSONNEL RECORD

| | Occupation | Department or Division | From— Month | From— Year | To— Month | To— Year |
|---|---|---|---|---|---|---|
| 1 | | NO RECORD | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

## Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

| | 1936 | 1935 | 1934 | 1933 | 1932 | 1923 | 1922 | 1921 | 1920 | 1919 | 1918 | 1917 | 1916 | 1915 | 1914 | 1913 | 1912 | 1911 | 1910 | 1909 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | | | | | C | C | C | M | C | C | C | | | | | | | | |
| Feb. | | | | | | C | C | C | M | C | C | C | | | | | | | | |
| Mar. | | | | | | C | C | C | M | C | C | C | | | | | | | | |
| April | | | | | | C | C | C | M | C | C | C | | | | | | | | |
| May | | | | | | C | C | C | M | C | C | C | | | | | | | | |
| June | | | | | | C | C | C | M | C | C | C | | | | | | | | |
| July | | | | | | C | C | C | C | C | X | C | | | | | | | | |
| Aug. | | | | | | C | C | C | C | C | X | C | | | | | | | | |
| Sept. | | | | | | C | C | C | C | C | X | C | | | | | | | | |
| Oct. | | | | | | C | C | C | C | C | C | C | | | | | | | | |
| Nov. | | | | | | C | C | C | C | C | C | C | | | | | | | | |
| Dec. | | | | | | C | C | C | C | C | C | C | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | |

| | 1908 | 1907 | 1906 | 1905 | 1904 | 1903 | 1902 | 1901 | 1900 | 1899 | 1898 | 1897 | 1896 | 1895 | 1894 | 1893 | 1892 | 1891 | 1890 | 1889 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | | | | | | | | | | | | | | | | | | | |
| Feb. | | | | | | | | | | | | | | | | | | | | |
| Mar. | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | |
| Aug. | | | | | | | | | | | | | | | | | | | | |
| Sept. | | | | | | | | | | | | | | | | | | | | |
| Oct. | | | | | | | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | | | | | | | | | | | |
| Dec. | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | |

Special Instructions for August and September 1935.—Check pay roll for second half of August 1935; if name is **not** found on this pay roll, check pay roll for **first** half of August. Check pay roll for **first** half of September 1935; if name is **not** found on this pay roll, check pay roll for **second** half of September. Do not make an entry in more than one block for each of the two months.

Note.—(*a*) Line out spaces for all months for which entries have not been made.
(*b*) Only 30 service years are required for verification.

16—18434

## Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | COMPENSATION | | | | | | | | OCCUPATION | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1931 | 1930 | 1929 | 1928 | 1927 | 1926 | 1925 | 1924 | Year | Title on Pay Roll |
| Jan. | | | | | | | | 103 95 | 1st 1931 | |
| | | | | | | | | 110 88 | | |
| Feb. | | | | | | | | 103 95 | 2d | |
| | | | | | | | | 97 or | 1st 1930 | |
| Mar. | | | | | | | | 103 95 | | |
| | | | | | | | | 110 88 | | |
| Apr. | | | | | | | | 103 9✓ | 2d | |
| | | | | | | | | 103 95 | 1st 1929 | |
| May | | | | | | | | 34 65 | | |
| | | | | | | | | X | 2d | |
| June | | | | | | | | | 1st 1928 | |
| July | | | | | | | | | 2d | |
| Aug. | | | | | | | | | 1st 1927 | |
| Sept. | | | | | | | | | 2d | |
| Oct. | | | | | | | | | 1st 1926 | |
| Nov. | | | | | | | | | 2d | |
| Dec. | | | | | | | | | 1st 1925 | |
| Total | | | | | | | | | 2d | |
| | | | | | | | | | 1st 1924 | Car Foreman |
| | | | | | | | | | 2d | |

NOTES.—(a) Line out spaces for all months for which entries have not been made.
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

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## Section 8.—COMPUTATIONS

(For use of Railroad Retirement Board only)

| | *Number of Months* | *Net compensation* |
|---|---|---|
| 1–1–24 to 12–31–31 | | $ |
| Other service prior to 1–1–37 | | |

C M A

Computer Reviewer

## Section 9.—ADDITIONAL INFORMATION

SEC 6 - PAYROLLS FOR "M" PERIODS - DESTROYED

Compensation data in Sections 6 & 7 taken from Payrolls and Income Tax records in office of Auditor of Disbursements, Portsmouth, Va.

## Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "*Additional information*," or as initialed by me.

(Signature) W. S. Townsend

Date AUG 6 1942

ASST. HEAD PAYROLL CLERK
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

## Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (*b*) (part). "* * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (*b*) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than $10,000 or by imprisonment not exceeding 1 year."

U. S. GOVERNMENT PRINTING OFFICE 16—18434

25171

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 | 16 2099

Sheet No. 3 of 15 R. R. B. No.

RAILROAD RETIREMENT BOARD RECEIVED MAR 21 1941 EMPLOYER MAIL RECEIVING SECTION

RECEIVED SEP 22 1941 RAILROAD RETIREMENT BOARD EMPLOYER MAIL RECEIVING SECTION

RECEIVED MAY 26 1941 AUDR. OF DISBTS

# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

Goodin (Last name) George (First name) Newton (Middle name)

307 So. 7th (Street and number) Van Buren (Post office) Crawford (County) Arkansas (State)

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Central of Georgia Railway Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | PainterHlpr. | 12-1900 | 10-1901 | B&B | Macon Dvn. |
| 2 | " | Car Repair | 6-1902 | 9-1903 | Car | " " |
| 3 | " | Carman | 6-1905 | 9-1906 | " | Atlanta SW Dvn. |
| 4 | " | Foreman Asst. Car Repaires | 6-1907 | 12-1907 | " | Cedartown, Ga. |
| 5 | " | Insp. | 6-1908 | 3-1909 | Loco. | Macon, Ga. |
| 6 | " | Carman& Air Bk. Frman | 6-1914 | 12-1916 | Car | " " |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

13200091

PS1010

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

No Record (City) (County, parish, or other civil division) (State or country)

on No Record (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of No Record

## Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? No (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

## Section 5.—PERSONNEL RECORD

| | Occupation | Department or Division | From— Month | From— Year | To— Month | To— Year |
|---|---|---|---|---|---|---|
| 1 | No Record at Macon Shops | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

## Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

| | 1936 | 1935 | 1934 | 1933 | 1932 | 1923 | 1922 | 1921 | 1920 | 1919 | 1918 | 1917 | 1916 | 1915 | 1914 | 1913 | 1912 | 1911 | 1910 | 1909 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | | | | | | | | | | | | C | C | | | | | | C |
| Feb. | | | | | | | | | | | | | C | C | | | | | | C |
| Mar. | | | | | | | | | | | | | C | C | | | | | | X |
| April | | | | | | | | | | | | | C | C | | | | | | |
| May | | | | | | | | | | | | | C | C | X | | | | | |
| June | | | | | | | | | | | | | C | C | C | | | | | |
| July | | | | | | | | | | | | | C | C | C | | | | | |
| Aug. | | | | | | | | | | | | | C | C | C | | | | | |
| Sept. | | | | | | | | | | | | | C | C | C | | | | | |
| Oct. | | | | | | | | | | | | | C | C | C | | | | | |
| Nov. | | | | | | | | | | | | | C | C | C | | | | | |
| Dec. | | | | | | | | | | | | | C | C | C | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | |

| | 1908 | 1907 | 1906 | 1905 | 1904 | 1903 | 1902 | 1901 | 1900 | 1899 | 1898 | 1897 | 1896 | 1895 | 1894 | 1893 | 1892 | 1891 | 1890 | 1889 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | | C | | | C | | C | | | | | | | | | | | | |
| Feb. | | | C | | | C | | C | | | | | | | | | | | | |
| Mar. | | | C | | | C | | C | | | | | | | | | | | | |
| April | | | C | | | C | | C | | | | | | | | | | | | |
| May | | | C | X | | C | X | X | | | | | | | | | | | | |
| June | X | | C | C | | C | C | C | | | | | | | | | | | | |
| July | X | X | C | C | | C | C | C | | | | | | | | | | | | |
| Aug. | C | X | C | C | | C | C | C | | | | | | | | | | | | |
| Sept. | C | X | X | C | | C | C | C | | | | | | | | | | | | |
| Oct. | C | X | | C | | X | X | C | | | | | | | | | | | | |
| Nov. | C | X | | C | | | C | X | X | | | | | | | | | | | |
| Dec. | C | X | | C | | | C | X | C | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | |

Special Instructions for August and September 1935.—Check pay roll for second half of August 1935; if name is **not** found on this pay roll, check pay roll for **first** half of August. Check pay roll for **first** half of September 1935; if name is **not** found on this pay roll, check pay roll for **second** half of September. Do not make an entry in more than one block for each of the two months.

Note.—(a) Line out spaces for all months for which entries have not been made.
(b) Only 30 service years are required for verification.

16—18434

## Section 9.—ADDITIONAL INFORMATION

Information in Sections 3 and 5 from Mr. T. A. Johnson-M. M. Macon, Ga.

Information in Sections 6 and 7:

All information from original pay rolls on file with Auditor of Disbursements, Savannah, Ga.

## Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "*Additional information*," or as initialed by me.

(Signature)

Date Sept. 16, 1941

Auditor of Disbursements
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

## Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (*b*) (part). "* * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (*b*) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than $10,000 or by imprisonment not exceeding 1 year."

U. S. GOVERNMENT PRINTING OFFICE 16—18434

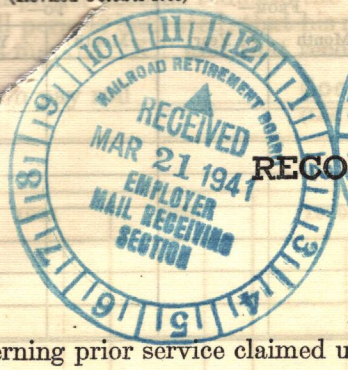
Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

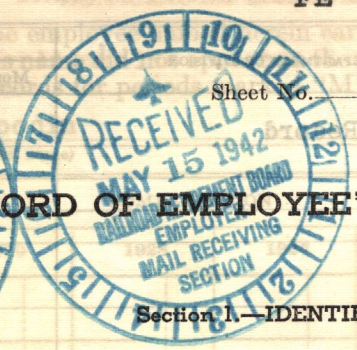
60012

FE

SOCIAL SECURITY ACCOUNT NO. 702 16 2099

Sheet No. ~~14~~ 4 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Atlanta, Birmingham and Coast & ~~Atlantic~~ Railroad Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Atlanta, Birmingham + ~~Same~~ Atlantic | Airbrake Insp. | 1-1908 | 6-1908 | Car | Brunswick Ga. |
| 2 | " | " " | 4-1909 | 7-1909 | " | Manchester, Ga. |
| 3 | " | " " | 12-1909 | 10-1911 | " | Atlanta, Ga. |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

31335539

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

| | No Record | |
|---|---|---|
| (City) | (County, parish, or other civil division) | (State or country) |

on _____ (Month) _____ (Day) _____ (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of _____

PS2-1-90

## Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? _____ (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

FORM NO. G-147
(12-1)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# CHANGE OF ADDRESS

DATE: July 31, 1944

BOARD PERSONNEL: [ ]

CLAIM NO. S.S.A. No. 702-16-2099

NAME: George Newton Goodin

THIS FORM TO BE PREPARED IN TWO COPIES

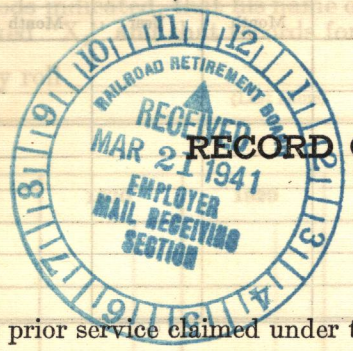
| FORMER ADDRESS | | NEW ADDRESS | |
|---|---|---|---|
| NO. AND STREET: 307 South Seventh Street | | NO. AND STREET: 504 Olive Street, P.H. | |
| CITY: Van Buren | | CITY: North Little Rock | |
| STATE: Arkansas | | STATE: Arkansas | |
| COUNTY: Crawford | | COUNTY: Pulaski | |
| TELEPHONE NO. | EXTENSION | TELEPHONE NO. | EXTENSION |
| AUTHORITY: Letter rec'd July 25, 1944 | | SIGNATURE | |

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 | 16 | 2099

Sheet No. 45 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Atlantic Coast Line Railroad Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Car Insp. | 3-1914 | 6-1914 | Car | Waycross, Ga. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

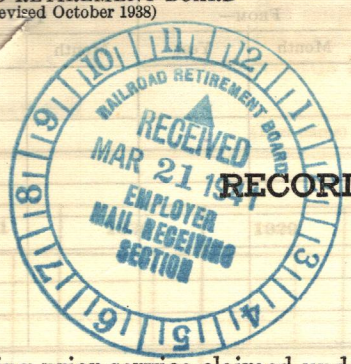
Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT NO. 702 | 16 | 2099

Sheet No. M6 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

The Texas & Pacific Railway Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Car Insp. | 12-1911 | 1-1912 | Car | Longview, Tx. |
| 2 | " | " " | 10-1913 | 2-1914 | " | Boyce, La. |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on _____ (Month) _____ (Day) _____ (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of _____

## Section 4.—STATUS AUGUST 29, 1935

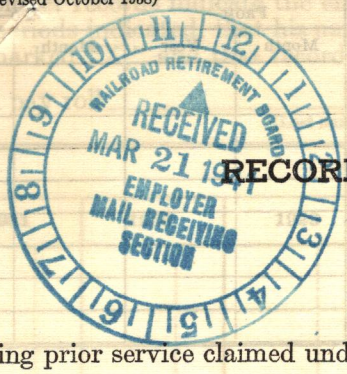
Was the employee in compensated service on August 29, 1935? _____ (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT NO. 702 | 16 | 2099

Sheet No. A 7 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Missouri-Kansas-Texas Railroad Company of Texas
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Car Insp. | 10-1913 | 12-1913 | Car | Waco, Tx. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
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| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

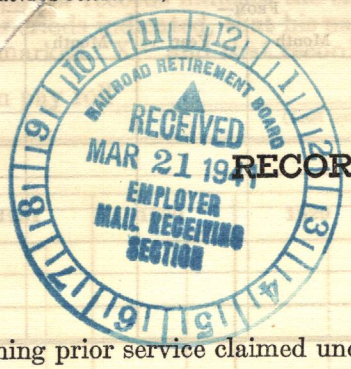
Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT NO. 702 | 16 | 2099

Sheet No. 8 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Northern Pacific Railway Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Carman & Insp. | 7-1913 | 9-1913 | Car | Pasco & Auburn, Wash |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

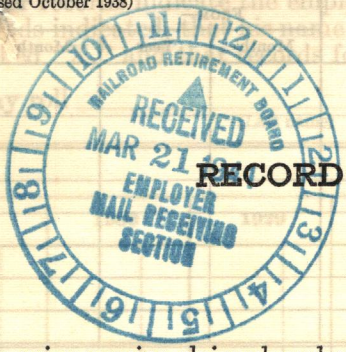
Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 | 16 | 2099

Sheet No. X 9 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

The Denver & Salt Lake Railroad ~~road~~ way Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | CarInspect. | 1-1913 | 6-1913 | Car | Utah Jct. Granby, Crona |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

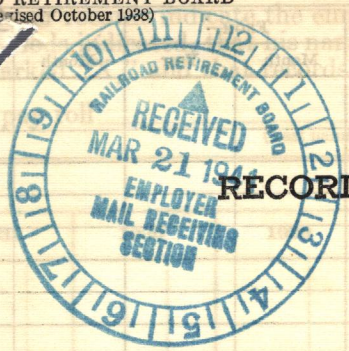
Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT NO. 702 | 16 | 2099

Sheet No. 8 10 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

The Denver & Rio Grande ~~Railway Company~~ Western Railroad Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Denver Rio Grande RRCo Same | Carman | 7-1912 | 1-1913 | Car | Slida & Pueblo Colo. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 16 2099

Sheet No. 8 11 of 15 R. R. B. No.

RAILROAD RETIREMENT BOARD RECEIVED MAR 21 1941 EMPLOYER MAIL RECEIVING SECTION

# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

The Atchison, Topeka & Santa Fe Railway Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Carman & Insp. | 4-1912 | 6-1912 | Car | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
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| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

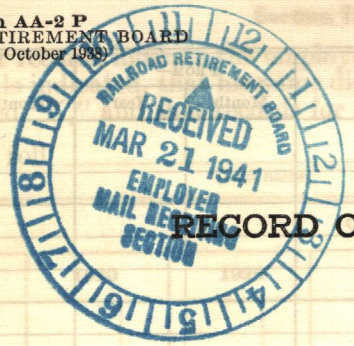
Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 | 16 | 2099

Sheet No. ~~10~~ 12 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

The Colorado & Southern Railway Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Car Insp. | 1-1912 | 3-1912 | Car | Trinidad Colo. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
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AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

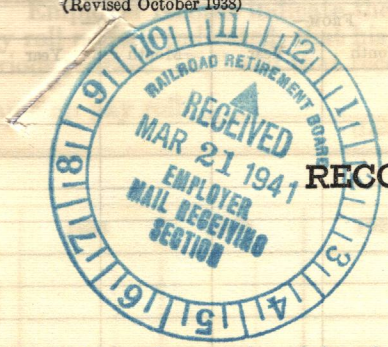
Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 | 16 2099

Sheet No. 12 13 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Louisville & Nashville Railroad ~~Company~~ Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Airbrake Fman | 10-1911 | 12-1911 | Car | Birmingham Ala. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

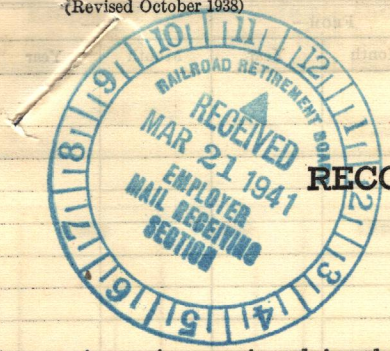
Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 | 16 | 2099

Sheet No. ~~13~~ 14 of 15 R. R. B. No.




# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

St. Louis ~~&~~ San Francisco Railway ~~road~~ Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | AirBrakeInsp. | 7-1909 | 12-1909 | Car | Sapulpa, Okla. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
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AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

FE

SOCIAL SECURITY ACCOUNT No. 702 | 16 | 2099

Sheet No. 15 of 15 R. R. B. No.

# RECORD OF EMPLOYEE'S PRIOR SERVICE

## Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

| Goodin | George | Newton |
|---|---|---|
| (Last name) | (First name) | (Middle name) |

| 307 So. 7th | Van Buren | Crawford | Arkansas |
|---|---|---|---|
| (Street and number) | (Post office) | (County) | (State) |

who states that he served with the employer or its predecessor as shown in section 2 herein.

## Section 2.—EMPLOYEE'S CLAIMED SERVICE

Georgia Southern & Florida Railway Company
(Name of employer)

Name on pay roll Goodin (Last name) G. (First name) N. (Middle name)

| | Name of Employer if Not Same as Above | Occupation | Date Began (Month, year) | Date Ended (Month, year) | Department | Location or Division |
|---|---|---|---|---|---|---|
| 1 | Same | Carman | 1-1904 | 5-1905 | Car | Macon, Ga. |
| 2 | " | " | 11-1906 | 5-1907 | " | " |
| 3 | | | | | | |
| 4 | | | | | | |
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AB-3-6-1941

## Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

(City) (County, parish, or other civil division) (State or country)

on (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

## Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

IMPORTANT.- In filling out both the original and duplicate, particular attention is directed to the instructions indicated by the ☞ symbol.

Form AA-11
Revised March 1938
(ORIGINAL)

**IMPORTANT.—Read Instructions on Back of Duplicate Copy Before Filling in This Form**

# DESIGNATION OR CHANGE OF BENEFICIARY

702-16-2099
(Social Security Account number)

(Railroad Retirement Board A-No. if you have filed application)

Fill in Social Security Account Number; if you have no number, write "none".

TO THE RAILROAD RETIREMENT BOARD,
*Washington, D. C.*

SECTION 1. I, George (First) Newton (Middle) Goodin (Last) born on October (Month) 24 (Day) 1882 (Year) hereby designate the person or persons named below in this section to receive any death benefits payable under section 5 of the Railroad Retirement Act of 1937 and any accrued annuities due at my death under the Railroad Retirement Act of 1937 or 1935: (If more than one person is named, the benefits will be distributed in equal shares unless you indicate the percentage to be received by each.)

IMPORTANT.- Section 1. must be filled in.

| NAME OF BENEFICIARY (If a beneficiary be a minor, also give date of birth; if a married woman, state her full maiden name and her husband's last name) | ADDRESS | RELATIONSHIP | |
|---|---|---|---|
| ~~Ethel Goodin~~ | 307 South 7th St. Van Buren, Ark. | Wife | |
| Ethel Allen Goodin | 307 So. 7th St. Van Buren, Ark. | Wife. | |
| | | | |

SEC. 2. In the event no person or persons named in section 1 are living at my death, or at the time the death benefits become payable, if later than my death, I designate the following as beneficiaries in their place:

| NAME | ADDRESS | RELATIONSHIP | |
|---|---|---|---|
| Leonce Taylor Goodin | 307 South 7th St. Van Buren, Ark. | Son | 8-10-24 |
| Ethelyn Ruthell Goodin | 307 South 7th St. Van Buren, Ark. | Daughter | 8-8-28 |
| George Vincent Goodin | 307 South 7th St. Van Buren, Ark. | Son | 12-7-30 |

SEC. 3. I direct that, if more than one beneficiary is named, the share of any beneficiary or beneficiaries who die before me or before the death benefits become payable, if later than my death, shall be paid in equal shares to the survivors, or entirely to the survivor if only one survives.

SEC. 4. By this designation I revoke all previous designations, if any, and I reserve the right to change or revoke any or all of the above designations at any time in the manner and form prescribed by the Railroad Retirement Board and without the knowledge or consent of the above beneficiaries.

NOTE.—No person listed above as a beneficiary may be a witness.

IMPORTANT: The signature must be witnessed by two persons, not named as beneficiaries.

(Signature) George Newton Goodin
(Sign with ink or indelible pencil—do not print)

WITNESSES: We, the undersigned witnesses, hereby certify that we saw George Newton Goodin sign this designation on the 1 day of Sept, 1938, and he (she) declared it to be his (her) free act and deed.

First witness { Name H. H. Conger
Address Van Buren, Ark

Second witness { Name Ed. Sanders
Address 1327 Lincoln Ave Little Rock Ark

Full name of present employer Missouri Pacific Railroad

My occupation Foreman Department Car Division Central

(Print or type your name and address below:) Location Van Buren, Ark.

Name George Newton Goodin

Address 307 South 7th St.
(Number and street)

Van Buren, Ark.
(City and State)

OFFICIALLY FILED
NOV 23 1938
RAILROAD RETIREMENT BOARD
43

(Fill out both original and duplicate completely and forward without separation to the Railroad Retirement Board, Washington, D. C., through your employer, if agreeable.)

U. S. GOVERNMENT PRINTING OFFICE 16—6936

Examined for form only
Claims Service

RRB FORM G-358(10-76)

## NOTICE OF ANNUITY ADJUSTMENT

| CLAIM NUMBER | | PC | SY | RATE BEFORE SMIB OLD | RATE BEFORE SMIB NEW | SMI CD | TOTAL WK DED | TOTAL WK AMT |
|---|---|---|---|---|---|---|---|---|
| WA | 546774 | 1 | W | 397.41 | 454.35 | 1A | | |

| ID | TIER 1 DATA PIA | TIER 1 DATA DRC | TIER 1 DATA GROSS | TIER 1 DATA NET | TIER 2 DATA | WINDFALL DATA |
|---|---|---|---|---|---|---|
| W | 349.50 | | 349.50 | 349.50 | 104.85 | |

| ID | REDUCTION AMOUNTS AGE | REDUCTION AMOUNTS ACT ADJ | REDUCTION AMOUNTS MS | REDUCTION AMOUNTS WITHHOLD | REDUCTION AMOUNTS WVR | ADJ CHECK DATE | ADJ CHECK AMOUNT |
|---|---|---|---|---|---|---|---|
| W | 00.00 | 00.00 | | 00.00 | | 7-01-80 | 444.75 |

| ID | NEW REG ANN RATE AFTER SMIB | SS BENEFIT DATA AMOUNT | SS BENEFIT DATA SFX | SS BENEFIT DATA PIA | SS BENEFIT DATA PD BY RRB |
|---|---|---|---|---|---|
| W | 444.75 | | | | |

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PRINTED ON 10-24-80

RRB FORM G-358(10-76)

NOTICE OF ANNUITY ADJUSTMENT

| CLAIM NUMBER | | PC | SY | RATE BEFORE SMIB OLD | RATE BEFORE SMIB NEW | SMI CD | TOTAL WK DED | TOTAL WK AMT |
|---|---|---|---|---|---|---|---|---|
| WA | 546774 | 1 | W | 454.35 | 505.31 | 1A | | |

| ID | TIER 1 DATA PIA | TIER 1 DATA DRC | TIER 1 DATA GROSS | TIER 1 DATA NET | TIER 2 DATA | WINDFALL DATA |
|---|---|---|---|---|---|---|
| W | 388.70 | | 388.70 | 388.70 | 116.61 | |

| ID | REDUCTION AMOUNTS AGE | REDUCTION AMOUNTS ACT ADJ | REDUCTION AMOUNTS MS | REDUCTION AMOUNTS WITHHOLD | REDUCTION AMOUNTS WVR | ADJ CHECK DATE | ADJ CHECK AMOUNT |
|---|---|---|---|---|---|---|---|
| W | 00.00 | 00.00 | | 00.00 | | 7-01-81 | 494.31 |

| ID | NEW REG ANN RATE AFTER SMIB | SS BENEFIT DATA AMOUNT | SS BENEFIT DATA SFX | SS BENEFIT DATA PIA | SS BENEFIT DATA PD BY RRB |
|---|---|---|---|---|---|
| W | 494.31 | | | | |

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PRINTED ON 6-26-81

RRB FORM G-358 (6-82) SEQNO. 00091591

**NOTICE OF ANNUITY ADJUSTMENT**

| CLAIM NUMBER | PC | SY | RATE BEFORE SMIB OLD | NEW | SMI CD | ADJ CK AMOUNT |
|---|---|---|---|---|---|---|
| WA 546774 | 1 | W | 505.31 | 536.41 | 1A | 524.21 |

| | | | | | |
|---|---|---|---|---|---|
| EFF DATE | 6-01-82 | | | | |
| SYMBOL | W | | | | |
| PAYEE CODE | 1 | | | | |
| PIA | 417.40 | | | | |
| DRC | | | | | |
| ORIG/RED RTE | 417.40 | | | | |
| FRST/ADJ RTE | | | | | |
| PP | | | | | |
| SS BENEFIT | | | | | |
| $ROUNDED | 417.00 | | | | |
| EE ANN OFFSET | | | | | |
| **NET TIER 1** | 417.00 | | | | |
| TIER 2 | 119.41 | | | | |
| RED AGE RTE | | | | | |
| REST AMT | | | | | |
| SPMAN/EQ AMT | | | | | |
| **NET TIER 2** | 119.41 | | | | |
| WINDFALL | | | | | |
| M/S RED | | | | | |
| AGE RED | | | | | |
| **WAC** | | | | | |
| ACT ADJ | | | | | |
| WITHHOLDING AMT | | | | | |
| **RR RATE** | 536.41 | | | | |
| **SS BENEFIT DATA** | | | | | |
| AMOUNT | | | | | |
| SUFFIX | | | | | |
| PIA | | | | | |
| PD BY RRB | | | | | |

**REMARKS**

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PAGE 1 OF 1

RRB FORM G-358(10-76)

**NOTICE OF ANNUITY ADJUSTMENT**

| CLAIM NUMBER | PC | SY | RATE BEFORE SMIB OLD | NEW | SMI CD | TOTAL WK DED AMT |
|---|---|---|---|---|---|---|
| **WA 546774** | **1** | **W** | **361.53** | **397.41** | **1A** | |

| ID | TIER 1 DATA PIA | DRC | GROSS | NET | TIER 2 DATA | WINDFALL DATA |
|---|---|---|---|---|---|---|
| **W** | **305.70** | | **305.70** | **305.70** | **91.71** | |

| ID | REDUCTION AMOUNTS AGE | ACT ADJ | MS | WITHHOLD | WVR | ADJ CHECK DATE | AMOUNT |
|---|---|---|---|---|---|---|---|
| **W** | **00.00** | **00.00** | | **00.00** | | **7-02-79** | **388.71** |

| ID | NEW REG ANN RATE AFTER SMIB | SS BENEFIT DATA AMOUNT | SFX | PIA | PD BY RRB |
|---|---|---|---|---|---|
| **W** | **388.71** | | | | |

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**PRINTED ON 10-13-79**

RRB FORM G-358 (10-76)

# NOTICE OF ANNUITY ADJUSTMENT

| CLAIM NUMBER | | PC | SY | RATE BEFORE SMIB OLD | RATE BEFORE SMIB NEW | SMI CD | TOTAL DED | WK AMT |
|---|---|---|---|---|---|---|---|---|
| WA | 546774 | | W | 301.08 | 320.45 | 1A | | |
| | | | W | 320.45 | 339.43 | 1A | | |

| ID | TIER 1 DATA PIA | DRC | GROSS | NET | TIER 2 DATA | WINDFALL DATA |
|---|---|---|---|---|---|---|
| W | 246.50 | | 246.50 | 246.50 | 73.95 | 00.00 |
| W | 261.10 | | 261.10 | 261.10 | 78.33 | 00.00 |

| ID | REDUCTION AMOUNTS AGE | ACT ADJ | MS | WITHHOLD | WVR | ADJ CHECK DATE | AMOUNT |
|---|---|---|---|---|---|---|---|
| W | 00.00 | 00.00 | | 00.00 | | 7-01-76 | 313.25 |
| W | 00.00 | 00.00 | | 00.00 | | 7-01-77 | 331.73 |

| ID | NEW REG ANN RATE AFTER SMIB | SS BENEFIT DATA AMOUNT | SFX | PIA | PD BY RRB |
|---|---|---|---|---|---|
| W | 313.25 | | | | |
| W | 331.73 | | | | |

REMARKS

FOR ADJUSTMENTS MADE 7-1974 THROUGH 5-1976 SEE MICROFILMS

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MECHANICAL ADJUSTMENTS

7/1973 RR ACT & 12/1973 SS ACT AMENDMENTS

(11% INCREASE IN TWO STEPS)

| TYPE | CLAIM NUMBER |
|---|---|
| O/M | A 5 4 6 7 7 4 |

| 6/74 OM PIA | | 6/74 PT PIA | | 74 SPC MIN | SS SAV | RIB LIMITATION ON BEN | | EE |
|---|---|---|---|---|---|---|---|---|
| AMW | PIA | AMW | PIA | YC | PIA | CL MAX | RED RATE/INC | EFF/S PIA | DRC |
| 300 | 214.40 | 300 | 214.40 | 17 | | | | | |

| PAY CDE | TYP BEN | MONTHLY RATE BEFORE SMI OLD RATE | NEW RATE | EFF | ADJUSTMENT CHECKS DATE | SMI | AMOUNT | 72 COMP RATE | REDUCTIONS AGE | SS BEN | ACT AJ | MIL SERV |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | W | 212.50 | 227.40 | 3-74 | 4-1-74 | 6.30 | 221.10 | 136.62 | | | | |
| 1 | W | 227.40 | 235.90 | 6-74 | 7-1-74 | 6.70 | 229.20 | 136.62 | | | | |

| PAY CDE | TYP BEN | MONTHLY RATE BEFORE SMI OLD RATE | NEW RATE | EFF | ADJUSTMENT CHECKS DATE | SMI | AMOUNT | 72 COMP RATE | REDUCTIONS AGE | SS BEN | ACT AJ | MIL SERV |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

T 12 (12 1974)

| REGULAR 1972 PIA | | SPEC. MIN. PIA | | REDETERMINATION SAVING CLAUSE MAX. | CLAIM NUMBER |
|---|---|---|---|---|---|
| AMW | PIA | YRS.COV. | PIA | | |
| 300 | 193.10 | 17 | | | A 546774 |

ARF NOT CONSIDERED IN ADJUSTMENT

**MECHANICAL ADJUSTMENT**

**FOR OCTOBER 1972**

**S S ACT AMENDMENTS**

| PAY. CODE | TYPE BEN. | MONTHLY RATE AFTER SMI | | | ADJUSTMENT CHECK | | |
|---|---|---|---|---|---|---|---|
| | | OLD RATE | NEW RATE | EFF. | DATE | SMI DEDUCT. | CHECK AMT. |
| 1 | W | 169.60 | 206.70 | 01-73 | 03-01-73 | 5.80 | 243.80 |

| REDUCTIONS | | | S S CLAIM NO. AND SUFFIX | RIB LIMIT ON WIA | |
|---|---|---|---|---|---|
| AGE | S S BEN. | ACT. ADJ. | | EE RED. RATE | 82½% x PIA |
| | | | | | |

| PAY. CODE | TYPE BEN. | MONTHLY RATE AFTER SMI | | | ADJUSTMENT CHECK | | |
|---|---|---|---|---|---|---|---|
| | | OLD RATE | NEW RATE | EFF. | DATE | SMI DEDUCT. | CHECK AMT. |
| | | | | | | | |

| REDUCTIONS | | | S S CLAIM NO. AND SUFFIX |
|---|---|---|---|
| AGE | S S BEN. | ACT. ADJ. | |
| | | | |

T-12 (3-73)

| 1972 PIA | | SSA MAXIMUM | | CLAIM NUMBER |
|---|---|---|---|---|
| AMW | PIA | TABLE | SAV. CLAUSE | |
| 300 | 193.10 | | | A 546774 |

**MECHANICAL ADJUSTMENT**

**1972**

**S S ACT AMENDMENTS**

**(20% INCREASE)**

| PAY. CODE | TYPE OF BEN. | MONTHLY RATE AFTER SMI | | | ADJUSTMENT CHECK | | |
|---|---|---|---|---|---|---|---|
| | | OLD RATE | NEW RATE | EFF. | DATE | SMI DEDUCT. | CHK. AMT. |
| 1 | W | 140.30 | 169.60 | 09-72 | 10-01-72 | 5.80 | 169.60 |

| REDUCTIONS | | | SS CLAIM NO. AND SUFFIX |
|---|---|---|---|
| AGE | SS BEN. | ACT. ADJ. | |
| | | | |

| PAY. CODE | TYPE OF BEN. | MONTHLY RATE AFTER SMI | | | ADJUSTMENT CHECK | | |
|---|---|---|---|---|---|---|---|
| | | OLD RATE | NEW RATE | EFF. | DATE | SMI DEDUCT. | CHK. AMT. |
| | | | | | | | |

| REDUCTIONS | | | SS CLAIM NO. AND SUFFIX |
|---|---|---|---|
| AGE | SS BEN. | ACT. ADJ. | |
| | | | |

T-2 (10-72)

F[redacted]-268 ADDRESS CHANGE

BATCH NO. 074 DATE 8/12/71

SURNAME, 5 LETTERS - GOODI CLAIM NO. WA 546774

NEW RECORD - WILLOW HSE APT 801
2500 WILLOW ST
N LITTLE ROCK AR
72114

PAYEE CODE 0
GEO CODE 190

SMI INCREASE ON 7-1-70 CHECK

WA 546774 PC 1 NEW SMI 5.30
MO RATES AFTER SMI--OLD 128.80 NEW 127.50 EFF 6-1-70

PC1

MECHANICAL ADJUSTMENT RECORD

| TYPE OF BEN. | MONTHLY RATE PAID | | | ADJUST. CHECK | | CLAIM NUMBER |
|---|---|---|---|---|---|---|
| | OLD RATE | NEW RATE | EFF. DATE | DATE | AMOUNT | |
| W | 111.40 | 128.80 | 0170 | 0470 | 163.60 | A-546774 |

| EMP. RATE* BASIC AMT. | OM PIA | REDUCTIONS FOR | | | |
|---|---|---|---|---|---|
| | | EARLY RETIRE. | S S A BENEFIT | SMIB | ACT. ADJ. |
| 76.68 | 146.20 | | | 4.00 | |

1969 SS ACT AMEND

O/M FORMULA

| TYPE OF BEN. | MONTHLY RATE PAID | | | ADJUST. CHECK | |
|---|---|---|---|---|---|
| | OLD RATE | NEW RATE | EFF. DATE | DATE | AMOUNT |
| | | | | | |

| EMP. RATE* BASIC AMT. | OM PIA | REDUCTIONS FOR | | | |
|---|---|---|---|---|---|
| | | EARLY RETIRE. | S S A BENEFIT | SMIB | ACT. ADJ. |
| | | | | | |

* ON WHICH SPOUSE ANNUITY IS BASED

MECHANICAL ADJUSTMENT RECORD

| TYPE OF BEN. | MONTHLY RATE PAID | | | ADJUST. CHECK | | CLAIM NUMBER |
|---|---|---|---|---|---|---|
| | OLD RATE | NEW RATE | EFF. DATE | DATE | AMOUNT | |
| W | 99.00 | 112.40 | 0268 | 0468 | 124.80 | A-546774 |
| | | 111.40 | 0368 | | | |

| EMP. RATE* BASIC AMT. | OM PIA | REDUCTIONS FOR | | | |
|---|---|---|---|---|---|
| | | EARLY RETIRE. | S S A BENEFIT | SMIB | ACT. ADJ. |
| 76.68 | 127.10 | | | 4.00 | |

O/M FORMULA

| TYPE OF BEN. | MONTHLY RATE PAID | | | ADJUST. CHECK | |
|---|---|---|---|---|---|
| | OLD RATE | NEW RATE | EFF. DATE | DATE | AMOUNT |
| | | | | | |

| EMP. RATE* BASIC AMT. | OM PIA | REDUCTIONS FOR | | | |
|---|---|---|---|---|---|
| | | EARLY RETIRE. | S S A BENEFIT | SMIB | ACT. ADJ. |
| | | | | | |

* ON WHICH SPOUSE ANNUITY IS BASED

RRB JURISD HIB EFF 7-66 SMIB EFF 7-66 EGOOD WA 546774

PREM 3.00 OLD RATE 102.00 ADJ RATE 99.00 EFF 6-1-66

1965 AMENDMENTS 9-1-65 W PIA 112.40 WA 546774

PC1 148.90 OLD RATE 95.30 NEW RATE 102.00

FORM APPROVED
BUDGET BUREAU NO. 70-R218.2

FORM NO. AA-17a (9-61)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

For use when applicant has previously filed an application for a SPOUSE ANNUITY, an INSURANCE LUMP SUM, or INSURANCE ANNUITY on account of the deceased employee

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

ENTER EMPLOYEE'S RRB CLAIM NO. (IF NONE OR UNKNOWN, MAKE NO ENTRIES IN THIS SPACE)

A-546714

(DO NOT WRITE IN THIS SPACE)

OFFICIALLY FILED 541
Date April 23, 1962
By Richard A. McMahon
Little Rock Field Office

I, Ethel M. Goodin (PRINT YOUR FIRST-MIDDLE-LAST NAME), hereby apply for any insurance annuity payable to me under the provisions of the Railroad Retirement Act, as amended.

## INFORMATION ABOUT DECEASED EMPLOYEE

1 Name: George Newton Goodin (PRINT FIRST-MIDDLE-MAIDEN LAST NAME IF FEMALE-LAST NAME) 702-16-2099 (SOCIAL SECURITY ACC'T. NO.)

2 Date and place of birth: Oct. 24, 1883 (MONTH-DAY-YEAR) Macon (CITY OR TOWN) Georgia (STATE OR FOREIGN COUNTRY)

3 Date and place of death: April 19, 1962 (MONTH-DAY-YEAR) No. Little Rock (CITY OR TOWN) Ark. (STATE OR FOREIGN COUNTRY)

4 Was the deceased employee survived by:

(a) An unmarried child under age 18? No (YES OR NO) If "Yes," give name and address of such child:

(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? No (YES OR NO) If "Yes," give name and address of such child:

(NAME) (ADDRESS)

5 List *all* of the employment performed by the deceased employee during the 12 months before his death:

| NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED | ADDRESSES | WORK BEGAN | | WORK ENDED | |
|---|---|---|---|---|---|
| | | MONTH | YEAR | MONTH | YEAR |
| None | | | | | |
| | | | | | |
| | | | | | |

6 Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? No (YES OR NO) If "Yes," give the following information:

(a) Kind of trade or business:

(b) Period of self-employment: From To

## INFORMATION ABOUT APPLICANT

7 If you are the deceased employee's widow, give your full maiden name: Ethel M. Allen

8 Have you ever had a social security account number of your own? No (YES OR NO) If "Yes," give:

(NAME SHOWN ON YOUR SOCIAL SECURITY CARD) (SOCIAL SECURITY ACCOUNT NUMBER)

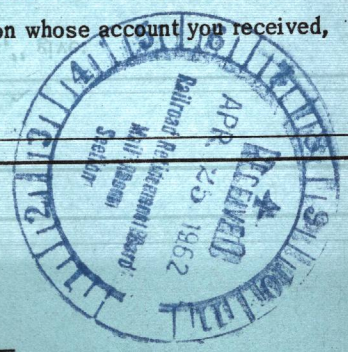
9 Your date and place of birth: May 3, 1895 (MONTH-DAY-YEAR) Macon (TOWN OR CITY) ~~Georgia~~

(COUNTY) Georgia (STATE OR FOREIGN COUNTRY)

10 Have you remarried since the death of the deceased employee? No (YES OR NO) If "Yes," when did you remarry? _____ (MONTH-DAY-YEAR)

11 Have you received, or do you expect to receive, benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? No (YES OR NO) If "Yes," give name of employee on whose account you received, or expect to receive, benefits and his RRB claim number:

_____




12 Are you receiving monthly benefits under the Social Security Act based on:

(a) Your own employment? No (YES OR NO) If "Yes," give the amount $ _____

and date benefits began _____

(b) Any other person's employment (not your own or the deceased employee's)? No (YES OR NO)

(c) If (b) is answered "Yes," give name of person on whose account you are receiving benefits and his social security account number: _____

13 Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? No (YES OR NO)

If "Yes," give name of agency: _____

14 *In the present calendar year* did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act) No (YES OR NO) If "Yes," give the following information:

(a) For the present calendar year, give:

| NAME AND ADDRESS OF EMPLOYER OR KIND OF SELF-EMPLOYMENT | SHOW MONTH OR MONTHS IN WHICH YOU WORKED SINCE JANUARY 1 OF THIS YEAR BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE COLUMN | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | JAN. | FEB. | MAR. | APR. | MAY | JUNE | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

(b) *If you were employed in the railroad industry this year (or expect to be so employed),* give the date last worked (and the months you still expect to work, if any) in such employment. If you have not worked and do not expect to work in such employment, write "None." _____

_____

(c) *For this entire year (January 1 through December 31)* do you expect your total earnings from employment for hire and self-employment to exceed $1200? _____ (YES OR NO) If "Yes," answer (1), (2), and (3) below:

(1) For this year I expect that my total earnings from employment for hire and self-employment will be $ _____

(2) List the months since January 1 of this year in which your monthly earnings did not exceed $100 and in which you did not render services as a self-employed person. (If none, write "None.") _____

_____

(3) Are you now working for more than $100 a month or rendering services as a self-employed person? _____ (YES OR NO)

15

15

*Answer this question only if the employee died before January 1 of this year:*

(a) *During the preceding calendar year* did you work in employment for hire?

_____ If "Yes," give the following information about all such employ-
(YES OR NO)

ment, including employment in the railroad industry:

| NAME AND ADDRESS OF COMPANY OR PERSON FOR WHOM YOU WORKED | MONTHLY EARNINGS BEFORE DEDUCTIONS FOR INCOME TAX, SOCIAL SECURITY, ETC. | | | | | |
|---|---|---|---|---|---|---|
| | JAN. | FEB. | MARCH | APRIL | MAY | JUNE |
| | | | | | | |
| | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. |
| | | | | | | |
| | JAN. | FEB. | MARCH | APRIL | MAY | JUNE |
| | | | | | | |
| | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. |
| | | | | | | |

(b) *During the preceding calendar year* were you self-employed? _____ If "Yes," give the following
(YES OR NO)

information about such employment:

(1) Give your net earnings from self-employment for the preceding year: $_____

(2) State kind of trade or business: _____

(3) List the months of the preceding year in which you did *not* render services as a self-employed person. (If none, write "None.") _____

## APPLICANT'S AGREEMENT

I. *A widow's or widower's insurance annuity is not payable to you for any month* in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.

II. *All or part of a widow's or widower's insurance annuity is not payable to you for one or more months* if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of $1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.

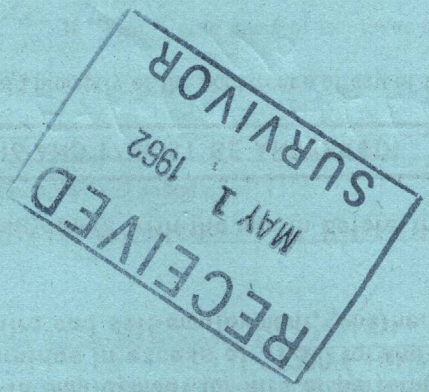
III. *A widow's or widower's insurance annuity ends* with the month before the month in which you remarry.

## (QUESTIONS 16 AND 17 MUST BE ANSWERED)

16 Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above? Yes
(YES OR NO)

17 Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Securi
based on your own employment or the employment of any other person, or if, to your knowledge, you could receive s
benefits upon filing an application? Yes
(YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)



**CERTIFICATION:** Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

1. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

2. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

SIGNATURE OF APPLICANT:

Ethel M. Gooden
(SIGN IN INK OR INDELIBLE PENCIL. DO NOT PRINT)

c/o W. R. McGuire
1918 Colony Drive
(STREET AND NUMBER)

Irving
(CITY) (ZONE NUMBER)

_____ (COUNTY) Texas (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

BL 4 1675
(IF NONE, WRITE "NONE")

DATE SIGNED April (MONTH) 22 (DAY) 1962 (YEAR)

## PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY . . . . . INDIVIDUAL . . . . . WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

FORM APPROVED
BUDGET BUREAU NO. 70-R187.3

FORM NO. AA-3
(6-59)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

# APPLICATION OF WIFE FOR SPOUSE'S ANNUITY

IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CALL AT, WRITE TO, OR TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD

*ALL ITEMS RELATING TO YOU MUST BE ANSWERED.* RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

ENTER BELOW YOUR HUSBAND'S RAILROAD RETIREMENT BOARD CLAIM NUMBER IF HE HAS BEEN ASSIGNED A NUMBER

A-516774

(DO NOT WRITE IN THIS SPACE)
Officially Filed 6-21-60
John T. Hutchinson
John T. Hutchinson,
Contact Rep., Little Rock, Ark.

Print Husband's Name George Newton Goodin (FIRST) (MIDDLE) (LAST)

702-16-2099 (HIS SOCIAL SECURITY ACCOUNT NUMBER)

I, Ethel Maude Goodin (PRINT APPLICANT'S NAME: FIRST MIDDLE LAST), hereby apply for the wife's annuity under the provisions of the Railroad Retirement Act.

1. Have you ever had a social security account number of your own? No (YES OR NO) If "Yes," give your name and account number as shown on your social security card:

(NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD) (SOCIAL SECURITY ACCOUNT NUMBER)

2. (a) What was your maiden name? Ethel Maude Allen

(b) When were you born? Month May Day 3 Year 1895

(c) Where were you born? Powersville (CITY) Houston (COUNTY) Georgia (STATE OR FOREIGN COUNTRY)

(d) Your father's name Newton (FIRST) Lewis (MIDDLE) Allen (LAST)

(e) Your mother's name Anna (FIRST) Norris (MAIDEN) Allen (LAST)

3. (a) When were you and your husband married? Month December Day 1 Year 1923

(b) Where were you and your husband married? Atlanta (CITY) Georgia (STATE)

(c) Indicate by (✓) whether the marriage ceremony was performed by:

☒ Clergyman ☐ Authorized public official ☐ Other (EXPLAIN)

4. Were you married before your marriage to your present husband? Yes (YES OR NO) If "Yes," give the following information about each of your previous marriages:

| PREVIOUS MARRIAGE(S) | | TO WHOM MARRIED | HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT) | MARRIAGE ENDED | |
|---|---|---|---|---|---|
| DATE | PLACE | | | DATE | PLACE |
| 5-11-18 | Marshallville Ga. | Fred O'Shields | death | 12-11-20 | Montezuma, Ga. |
| | | | | | |

5. (a) Are you and your husband living together at the same address? Yes (YES OR NO) If "No," answer (b), (c) and (d) below.

(b) Is he under order by any court to contribute to your support? _____ (YES OR NO)

(c) Is he contributing to your support? _____ (YES OR NO) (Contributions may be in cash, or in kind such as your living rent free in a house which he owns.) If "Yes," state how often he contributes and in what amounts _____

(d) State why you and your husband are not living together _____

6. **(ANSWER THIS QUESTION ONLY IF YOU ARE UNDER AGE 65.)** (a) Do you have in your care, individually, or jointly with your husband, any of your husband's children (including stepchildren, adopted and illegitimate children) who are unmarried and under 18 years of age, or if older, are unable to engage in any regular employment because of a permanent disability that began before age 18? No (YES OR NO)

If "Yes," list below the name of each child and answer (b), (c) and (d) of this item. Show relationship by placing a check (✓) in the proper column.

| FULL NAME OF CHILD | DATE OF BIRTH | | | RELATIONSHIP TO YOUR HUSBAND | | | |
|---|---|---|---|---|---|---|---|
| | MONTH | DAY | YEAR | LEGITIMATE | ADOPTED | STEPCHILD | ILLEGITIMATE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(b) Are all the children named in (a) above now actually living in the same household with you? _____ (YES OR NO)

(c) If your answer to (b) is "No," give the following information about each child not living with you now:

| FULL NAME OF CHILD | GIVE REASON CHILD IS NOT LIVING WITH YOU AND STATE HOW LONG HE HAS BEEN AWAY |
|---|---|
| | |
| | |
| | |

(d) Has any child named above ever been adopted by anyone other than your husband? _____ (YES OR NO)

If "Yes," give the name of child, by whom adopted, and when _____

7. Have you worked within the last 12 months for any person, company, or institution, whether or not covered by the Railroad Retirement Act? No (YES OR NO) If "Yes," give the following information about each such person, company, or institution for which you worked:

| NAME | ADDRESS | WORK BEGAN | | | WORK ENDED | | |
|---|---|---|---|---|---|---|---|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| | | | | | | | |
| | | | | | | | |

8. **ANSWER THIS QUESTION ONLY IF THE ANSWER TO QUESTION 7 IS "NO."** Have you *ever* worked for any person, company, or institution, whether or not covered by the Railroad Retirement Act? Yes (YES OR NO)

If "Yes," give the following information about the last such person, company or institution for which you worked:

| NAME | ADDRESS | WORK BEGAN | | | WORK ENDED | | |
|---|---|---|---|---|---|---|---|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| | | | | | | | |

| NAME | ADDRESS | WORK BEGAN | | | WORK ENDED | | |
|---|---|---|---|---|---|---|---|
| | | MONTH | DAY | YEAR | MONTH | DAY | YEAR |
| Metallic Casket Co. | Atlanta, Ga. | | | 21 | | | 23 |

9. Do you still hold seniority or other rights to return to the employment of any person, company, or institution? No (YES OR NO) If "Yes," give name and address of such person, company, or institution

10. Have you worked as a self-employed person during the last 12 months? No (YES OR NO) If "Yes," describe the kind of trade or business:

11. Were you in active military or naval service after September 7, 1939? No (YES OR NO)

12. Have you ever filed an application for any annuity or lump sum under the Railroad Retirement Act? No (YES OR NO) If "Yes," give your Railroad Retirement Board claim number

13. Have you ever filed an application for benefits under the Social Security Act? No (YES OR NO)

If "Yes," give:
Name of individual on whose account number you filed your claim

Individual's social security account number, if other than your own

14. Do you wish your annuity to begin before you attain age 65? Yes (YES OR NO) A wife's annuity may begin before age 65 without reduction if she has a child, as described in question 6, in her care. If you do not have a child in your care, an annuity may begin as early as age 62 but such annuity must be reduced by 1/180 for each calendar month you are under age 65 when it begins.

15. I am applying for an annuity to begin on: (Check one)

☒ The earliest date permitted by law. (this date is the latest of the following: (1) The day on which you became eligible, or (2) the day following the last day of compensated service, or (3) 12 months before the filing date of the application.)

☐ _____ (MONTH) _____ (DAY) _____ (YEAR). which is later than the earliest beginning date permitted by law, because _____ (GIVE REASON FOR SELECTING SUCH LATER DATE)

## SECTION I

**A SPOUSE'S ANNUITY FOR A WIFE IS NOT PAYABLE FOR ANY MONTH IN WHICH**

(a) The husband works for a railroad or other employer under the Railroad Retirement Act or for the last person, company, or institution (if any) by whom he was employed before his retirement annuity or pension began; or

(b) The wife works for a railroad or other employer covered by the Railroad Retirement Act; or

(c) The wife works for the last person, company, or institution (if any) by whom she was employed before her annuity began.

## SECTION II

**A SPOUSE'S ANNUITY FOR A WIFE TERMINATES WITH THE MONTH BEFORE THE MONTH IN WHICH**

(a) The husband dies; or

(b) An absolute divorce is granted; or

(c) The wife, receiving an unreduced annuity, while still under age 65, no longer has in her care any of her husband's children who are unmarried and under age 18, or if older, are permanently disabled.

## QUESTIONS 16 AND 17 MUST BE ANSWERED

16. Do you agree to notify the Railroad Retirement Board promptly when any of the events described in Sections I and II occur? Yes
(YES OR NO)

17. Do you agree to return promptly any check for benefits received by you if you are not entitled to it because of the occurrence of any of the events described in I and II above? Yes
(YES OR NO)

REMARKS:

RECEIVED APR 25 1960 Railroad Retirement Board Bell Annex Section

RECEIVED MAY 2 1960 RETIREMENT

## CERTIFICATION

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

1. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

2. _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) _____ (ZONE) _____ (STATE)

SIGNATURE OF APPLICANT
(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

Ethel M Goodin

ADDRESS: 1502 Moss
(STREET AND NUMBER)

North Little Rock, _____
(CITY) (ZONE NUMBER)

Sebastian Arkansas
(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:
Fr - 4-9572
(IF NONE, WRITE "NONE")

DATE SIGNED April 21 1960
(MONTH) (DAY) (YEAR)

## PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

**THIS FORM IS TO BE FILLED IN BY RAILROAD RETIREMENT ACT ANNUITANT OR PENSIONER**

*ALL ITEMS RELATING TO YOU MUST BE ANSWERED.* RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD

FORM APPROVED
BUDGET BUREAU NO. 70-5101 (11-51)

FORM NO. AA-1a

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

**REQUEST FOR INFORMATION REQUIRED UNDER THE 1951 AMENDMENTS TO THE RAILROAD RETIREMENT ACT**

Enter on this line your Railroad Retirement Board Claim Number _____

1. Give your name George (FIRST) Newton (MIDDLE) Goodin (LAST)

   Address 1502 Moss St (STREET AND NUMBER) N. Little Rock (TOWN OR CITY) Pulaski (COUNTY) Ark. (STATE)

2. Give your date of birth: Month October Day 24 Year 1883

3. Do you have a social security account number of your own? Yes (YES OR NO)

   (a) If "Yes," give your name as shown on your social security account card

   George (FIRST) Newton (MIDDLE) Goodin (LAST)

   and your social security account number 702-16-2099

   (b) If you have a social security account number but do not know what it is, give the following information:

   Your father's name _____ (FIRST) _____ (MIDDLE) _____ (LAST)

   Your mother's name _____ (FIRST) _____ (MIDDLE) _____ (MAIDEN LAST NAME)

   Your place of birth _____ (TOWN OR CITY) _____ (COUNTY) _____ (STATE)

4. Have you worked since 1936 in employment covered by the Social Security Act? Yes (YES OR NO)

5. Are you now single, married, divorced or widowed? Married (STATE WHICH)

6. If you are a widow or widower, give the date of death of your husband or wife _____ (DATE)

7. Have you any children, including stepchildren or adopted children, under 18 years of age and unmarried? No (YES OR NO) If "Yes," how many? _____

IF YOU ARE NOW MARRIED, FILL IN ITEM 8

8. Give your wife's or husband's

   Ethel (FIRST NAME) Maude (MIDDLE NAME) Goodin (LAST NAME)

   and date of birth: Month May Day 3 Year 1895

   Present address 1502 Moss St (STREET AND NUMBER) N. Little Rock (TOWN OR CITY) (ZONE) Ark. (STATE)

   Date of marriage: Month Dec Day 30 Year 1923

Signed G W Goodin
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

Date July (MONTH) 1 (DAY) 1953 (YEAR)

AA-1a (11-51)

The 1951 amendments to the Railroad Retirement Act make a number of important changes.

Service and earnings after age 65 are creditable toward a retirement annuity, although the total service period cannot exceed 30 years. Also, the new law guarantees that your annuity will be no less than it would be if it were payable under the Social Security Act.

A wife (or dependent husband) of a retired employee may be eligible to receive an annuity if they are both 65 years of age, or if the employee is 65 years of age and his wife has an unmarried, dependent child under 18 in her care. The annuity to the wife (or husband) will, in most cases, be equal to one-half the monthly benefit payable to the retired employee, but not more than $40.00.

To assist us in the handling of your case, as well as to determine whether a wife's benefit may be payable, please fill out the form on the other side of this letter promptly and return it to the Railroad Retirement Board office nearest you. PLEASE ANSWER ALL QUESTIONS AND RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD EVEN THOUGH YOU DO NOT HAVE A WIFE (OR DEPENDENT HUSBAND) ELIGIBLE FOR A WIFE'S OR HUSBAND'S ANNUITY.

RECEIVED
JUL 3 1953
Railroad Retirement Board
Mail Room

AA-1a
(11-51)

RRB Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R001.2

FORM NO. AA-1
(4-52)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

(DO NOT WRITE IN THESE SPACES)
A546771

# APPLICATION FOR EMPLOYEE ANNUITY UNDER THE RAILROAD RETIREMENT ACT

Originally Filed JUL 1 1953
W. Carney
Little Rock, Ark.

***ALL ITEMS ON THIS FORM MUST BE ANSWERED.*** THE COMPLETED FORM IS TO BE RETURNED TO THE RAILROAD RETIREMENT BOARD.

1. Social Security Account No. 702-16-2099

2. Name *(PRINT)* George (FIRST) Newton (MIDDLE) Goodin (LAST) 3. Race
If married woman, give maiden name 4. Sex (MALE OR FEMALE)

5. Date of birth Oct. (MONTH) 24 (DAY) 1883 (YEAR) 6. Place of birth *(PRINT)* Fort Valley (TOWN OR CITY) Peach (COUNTY) Ga. (STATE)

7. Father's Lycus (FIRST NAME) none (MIDDLE NAME) Goodin (LAST NAME)
Mother's Willie (FIRST NAME) none (MIDDLE NAME) Allen (MAIDEN LAST NAME)

8. Are you now single, married, divorced, or widowed? Married (STATE WHICH) If now married give wife's Ethel (FIRST NAME) Maude (MIDDLE NAME) Allen (MAIDEN LAST NAME)

9. Are you applying for an annuity to begin before age 65? no (a) If so, are you totally and permanently disabled for regular employment for hire? _____, or are you disabled for work in your regular occupation? _____; (b) what is your principal disabling condition? _____;
(c) what was your regular occupation in employer service during the last 5 years? _____; (d) during the last 15 years? _____;
(e) have you been disqualified for employment by a medical officer of your last employer under the Railroad Retirement Act? _____

10. Do you claim compensated service for any employer under the Railroad Retirement Act prior to January 1, 1937? Yes If "Yes," have you filed with the Board a statement of such service on Form AA-15? Yes

11(a). Give the following information to cover the last 18 months you worked for employers under the Railroad Retirement Act. (If more space is required, continue under "Remarks.")

| | LAST EMPLOYER | NEXT TO LAST EMPLOYER |
|---|---|---|
| NAME OF EMPLOYER | Missouri Pacific Ry | |
| PAYROLL NAME | G. N. Goodin | |
| LAST OCCUPATION | German Foreman | |
| LAST DEPARTMENT | Car | |
| LAST DIVISION OR LOCATION | No. Little Rock Ark | |
| WORKED FROM (DATE) | 6-18-02 | |
| TO (DATE) | 6-12-53 | |

11(b). If you have stopped work for the purpose of receiving an annuity, give the last date on which you last worked for an employer under the Act June 12, 1953

12. Do you still hold rights to return to the service of employer(s) under the Railroad Retirement Act? No
If so, give the names of all such employer(s) _____

13. If you no longer hold such rights, give name of employer(s) under the Railroad Retirement Act with whom you last held rights Missouri Pacific Ry

Date you relinquished these rights: Month June Day 30 Year 1953

RRB Chicago

14(a). Give the following information if you have performed any service for any person, company, or institution (other than an employer under the Railroad Retirement Act) (1) during the period of your last service for an employer under the Railroad Retirement Act (see item 11(a)), or (2) after such period. If "None," so state. (If more than 2, continue under "Remarks")

| NAME | ADDRESS | WORK BEGAN | | WORK ENDED | |
|---|---|---|---|---|---|
| | | MONTH | YEAR | MONTH | YEAR |
| None - No self employment since dec. 1950 | | | | | |

14(b). Do you still hold rights to return to the service of any person, company, or institution, not an employer under the Railroad Retirement Act? No.

15. Have you signed Railroad Retirement Board Form G-88, Employee's Certificate of Termination of Service and Relinquishment of Rights, and forwarded it to your employing officer? yes If so, give date forwarded 7-1-53 Name and location of employing officer Mr W. F. Duncan Supt of Shop Missouri Pac. Ry. North Little Rock, Ark.

16(a). Do you claim that service in the land or naval forces of the United States should be included in your service? No If "Yes," give _____ (DATE OF ENTRY) _____ (PLACE OF ENTRY)

_____ (BRANCH OF SERVICE) _____ (MILITARY ORGANIZATION OR VESSEL) _____ (SERIAL NUMBER - IF NONE, GIVE RANK)

_____ (PLACE OF DISCHARGE) _____ (DATE OF DISCHARGE)

RECEIVED JUL 3 1953 Railroad Retirement Board

16(b). Are you receiving or have you applied for pension, disability compensation or other gratuitous benefits by reason of this service? _____ If so, give your Veterans Administration "C" number _____. If you do not have a Veterans Administration "C" number, state the nature of any benefits you are receiving or have applied for _____

17. *(ANSWER THIS QUESTION ONLY IF YOU ARE APPLYING FOR A DISABILITY ANNUITY.)* If you are granted a disability annuity *AND* if you continue to receive such annuity until you reach age 65, do you authorize the Railroad Retirement Board to relinquish for you, effective at age 65, any rights that you may then hold with employers under the Act and with the person, company, or institution (if any) by whom you were *LAST* employed prior to the date your annuity begins? _____

18. Are you applying for an annuity to begin on the earliest date permitted by law? yes If you wish a later date give: Month _____ Day _____ Year _____ (THE EARLIEST BEGINNING DATE PERMITTED BY LAW IS ORDINARILY THE DAY FOLLOWING THE LAST DAY OF COMPENSATED SERVICE BUT NOT MORE THAN 6 MONTHS PRIOR TO THE FILING DATE OF THE APPLICATION.)

REMARKS: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.) Vacation beginning 6-18-53 ending 6-30-53.

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

_____ (NAME)

_____ (ADDRESS)

_____ (NAME)

_____ (ADDRESS)

19. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

E W Gradin (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

1502 Main St. (STREET AND NUMBER)

North Little Rock, Ark. (CITY) (ZONE NUMBER) (STATE)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

Missouri Pacific Railroad Company

Form AA-15
Adopted August 1938

THE RAILROAD RETIREMENT BOARD, WASHINGTON, D. C. 187235 PS 149

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Do not write in this space

# EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals *who on August 29, 1935*, were in the active compensated service of or in an employment relation to an employer under that Act. *Only such individuals should fill out this form.* Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

1. Social Security Account No. 702.16.2099

2. Name (PRINT) George (First) Newton (Middle) Goodin, (Last) 3. Race White

Address 307 So. 7th. St. (Street and number) Van Buren, (Town or city) Crawford, (County) Arkansas (State) 4. Sex Male (Male or female)

5. Date of birth October (Month) 24th (Day) 1882 (Year) 6. Place of birth Fort Valley (PRINT) (Town or city) Peach (County) Georgia (State)

7. Father's Lucius (First name) Joseph (Middle name) Goodin (Last name) Mother's Willie (First name) Maud (Middle name) Allen (Maiden last name)

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? Yes (Yes or no) If not, were you on August 29, 1935: on furlough and ready and willing to serve? No (Yes or no); on leave of absence? No (Yes or no); or absent on account of sickness or disability? No (Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate *block* for each employer. Start with a new *line* of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

X (a) Central Of Georgia Ry , (Name of employer under the Act) G.N.Goodin (Your pay-roll name)

| Occupation | Date Began Month | Date Began Year | Date Ended Month | Date Ended Year | Department | Location or Division |
|---|---|---|---|---|---|---|
| Painter Helper | Dec | 1900 | Oct | 1901 | B&B Dept, | Macon Division |
| Car Repair | June | 1902 | Sept | 1903 | Car " | " " |
| Carman | June | 1905 | Sept | 1906 | " " | Atlanta SW Div |
| Foreman | | | | | | |
| Asst. Car Repaires | June | 1907 | Dec | 1907 | " " | Cedartown Ga. |

3

X (b) Central Of Georgia Ry , (Name of employer under the Act) G.N.Goodin (Your pay-roll name)

| Occupation | Date Began Month | Date Began Year | Date Ended Month | Date Ended Year | Department | Location or Division |
|---|---|---|---|---|---|---|
| Inspector | June | 1908 | Mar | 1909 | Locomotive Dept | Macon Ga, |
| Carman & Air Bk.Fm. | June | 1914 | Dec | 1916 | Car Dept. | " " |
| | | | | | | |
| | | | | | | |

3

(Additional blocks are provided on the back of this form) 16—7468

Date November (Month) 16th (Day) 1938 (Year)

(Signed) G M Goodin (Sign in ink or indelible pencil—do not print)

(c) Georgia Southern & Fla. Ry. — G. N. Goodin
(Name of employer under the Act) — (Your pay-roll name)

| Occupation | Date Began Month | Date Began Year | Date Ended Month | Date Ended Year | Department | Location or Division |
|---|---|---|---|---|---|---|
| Carman | Jany | 1904 | May | 1905 | Car Dept | Macon Ga. |
| " | Nov | 1906 | May | 1907 | " " | " " |

(d) Atlanta Birmingham & Atlantic — G. N. Goodin
(Name of employer under the Act) — (Your pay-roll name)

| Occupation | Date Began Month | Date Began Year | Date Ended Month | Date Ended Year | Department | Location or Division |
|---|---|---|---|---|---|---|
| Air Brake Inspector | Jan | 1908 | June | 1908 | Car Dept | Brunswick Ga. |
| " " " | April | 1909 | July | 1909 | " " | Manchester Ga. |
| " " " | Dec | 1909 | Oct | 1911 | " " | Atlanta Ga. |

(e) Frisco St. Louis & San Francisco Ry — G. N. Goodin
(Name of employer under the Act) — (Your pay-roll name)

| Occupation | Date Began Month | Date Began Year | Date Ended Month | Date Ended Year | Department | Location or Division |
|---|---|---|---|---|---|---|
| Air Brake Insptr, | July | 1909 | Dec | 1909 | Car Dept | Sapulpa Okla. |

(f) Louisville & Nashville R.R. — G. N. Goodin
(Name of employer under the Act) — (Your pay-roll name)

| Occupation | Date Began Month | Date Began Year | Date Ended Month | Date Ended Year | Department | Location or Division |
|---|---|---|---|---|---|---|
| Air Brake F.Man | Oct | 1911 | Dec | 1911 | Car Dept | Birmingham Ala. |

Texas & Pacific Ry, — G. N. Goodin

| | | | |
|---|---|---|---|
| Car Inspector | Dec 1911 to Jany 1912 | Car Dept | Longview Texas |
| " " | Oct 1913 to Feby 1914 | " " | Boyce La. |

Colorado & Southern Ry — G. N. Goodin

| | | | |
|---|---|---|---|
| Car Inspector | Jany 1912 to Mar. 1912 | Car Dept | Trinadad Colo |

A. T. & S. F. Ry Santa Fe — G. N. Goodin

| | | | |
|---|---|---|---|
| Carman & Inspector | April 1912 to June 1913 | " | |

(11) ×Texas & Pacific Ry, G.N.Goodin

(10) Car Inspector Dec 1911 to Jany 1912 Car Dept Longview Texas
" " Oct 1913 to Feby 1914 " " Boyce La.

(10) ×Colorado & Southern Ry G.N.Goodin

Car Inspector Jany 1912 to Mar. 1912 Car Dept Trinadad Colo

(9) ×A.T.& S.F. Ry Santa Fe G.N.Goodin

Carman & Inspector April 1912 to June 1912 "

(8) ×Denver & Rio Grand Ry G.N.Goodin

Carman July 1912 to Jany 1913 Slida & Pueblo Colo

(7) ×Denver & Salt Lake R R G.N.Goodin

Car Inspector Jany 1913 to June 1913 Car Dept Utah Jct. Granby .Crona

(6) ×Northern Pacific Ry G.N.Goodin

Carmam & Inspector July 1913 to Sept 1913 Car Dept. Pasco and Auburn Wash.

(5) ×Missouri Kansas Texas Ry G.N.Goodin

Car Inspector Oct 1913 to Dec 1913 Car Dept Waco Texas

(4) ×Atlantic Coast Line Ry G.N.Goodin

Car Inspector Mar.1914 to June 1914 Car Dept Waycross Ga.

×Macon Dublin & Savannah Ry G.N.Goodin

(3) Carman & Foreman Jany 1917 to May 1924 Car Dept. Macon Ga.

×Missouri Pacific Lines G.N.Goodin

(1)
Car Foreman May 1924 to Nov 1924 Car Dept Texarkana Ark.
Gen.Car Insp. Nov 1924 to Sept1925 " So.Dist.Little Rock.
Car Foreman Oct 1925 to Jany1927 " Wichata Kans.
" " Feb 1927 to May 1928 " Gurdon Ark
" " May 1928 to April 1933 " Texarkana Ark.
" " April 1933 ~~Present~~ " Van Buren Ark.
NOT ENDED